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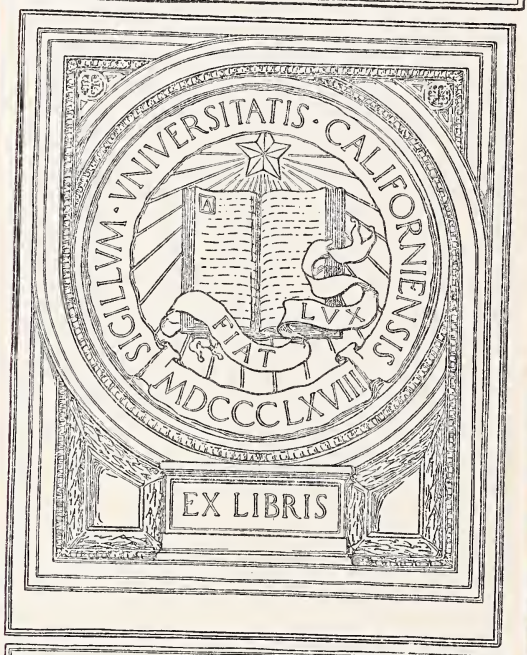

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Articles are, in many instances, listed in this index under more than one head. All Original Articles e listed under the heading "Original Articles" and each is also designated thus—(O)—after the author's name. l important business items of the annual meeting, as recorded in our August Journal, will be found under e heading, "Transactions of the House of Delegates." All Clinical Reports, Marriages, Deaths and Laws will found under those respective headings. Reports of County Societies and local organizations within their unds, as well as those of State, National and International organizations, will be found under "Societies." ıbstracts from Medical Journals," "Editorials in our Journal," "Editorials from other Medical Journals," ditorials from the Lay Press" will be found under those respective headings. Brief Items from Current edical literature are indexed under "Miscellaneous Items." The abbreviations are as follows: (O) Original ticles; (C) Correspondence.

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CHARCOT'S ARTHROPATHY.*

By Fred H. Albee, M. D., New York City.

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In 1868 Charcot first called attention to and described carefully the peculiar joint conditions, which are associated with tabes dorsalis. At this time he described four cases and compared them with certain arthropathies observed by Weir Mitchell, Keen and others, which were due to lesions of the spinal cord, and concluded as a result of his study, that these tabetic arthropathies were due to the lesion of the nervous system. These accurate clinical descriptions led to the recognition of many other cases and were rapidly followed by communications by Ball and Hervey in the same year. In England cases were immediately recognized, and in 1869 Allbutt reported the first case described in the English language. Many cases by various writers rapidly followed. In Germany little interest was manifested until a spirited discussion occurred before the Berlin Medical Society on November 17th, 1885.

There are two distinct types of the neuropathic joint: one is a simple synovitis, the other is a destructive osteo-arthritis, and resembles hypertrophic arthritis. The cartilage degenerates and the underlying bone is worn away, and disintegrated by weight and motion. Associated with the destructive process, there is an exaggerated and irregular formation of cartilage and bone about the periphery of the joint. The synovial membrane becomes hypertrophied and may be covered in places with calcareous plates. These joint complications many times appear very early and often before any ataxia can be detected. They are sometimes caused directly by injury, but a most important predisposing cause is the hypertonia of the protecting muscles and at the knee the attitude of hyperextension. Charcot disease is said to occur in about five per cent. of the ataxic patients. In 246 cases of neuropathic joints analyzed by Henderson, 54 of the patients were in the pre-ataxic stage; 36 in the transitional, and in 156 the ataxia was well marked. Those lesions associated with locomotor ataxia occur much more frequently in the lower extremity. Flatow found in a study of 192 cases that the lesion occurred in: The knee 60 times, foot 30 times, hip 38 times, shoulder 27 times, both knees 13 times, both feet, 9 times, both hips 9 times, and both shoulders 6 times. Chipault, in tabulating 217 cases, found the knee involved 120 times, hip 57 times, foot 40 times. There have been only 16 cases of arthropathy of the spine reported. The joints and bones are very frequently involved in syringomyelia. In fact, there is no nervous disease in which joint affections occur more often as a complication. The shoulder, elbow and wrist are the most commonly affected. In this respect the disease is contrasted with locomotor ataxia in which the joint complication occurs most frequently in the lower extremity. The character of the joint affection is quite similar to that described by Charcot as occurring in tabes. It has been estimated by Schlesinger, who collected 97 cases, that this complication occurs in more than ten per cent. of all cases.

Besides the joint sequelæ, there are many other trophic disturbances, such as local-

*Read before the Clinical Society of the New York Post-Graduate Medical School and Hospital.

ized hyperæmia or anæmia of the skin. There may be areas of marked perspiration or marked dryness, serous exudation with desquamation of the skin, gangrene, bullæ and peculiar hypertrophies and atrophies, painless whitlows and small abscesses upon the fingers. The growth of the nails is often affected; they may be hypertrophied, ridged and occasionally stained. They often become very brittle and irregular in their form. Many of which may have arisen from some injury, wound or burn that had not been observed on account of the loss of the pain sense.

Spontaneous fractures, due to a spongy and brittle condition of the bones, have been recorded by a number of observers. These fractures, as well as the joint affections, occur without pain to the patient and hence are often neglected for some time.

The following is an illustrative case: A mail carrier, 56 years old. Habits, moderate, occasional gin and whiskey. Gonorrhea and chancre about 20 years ago. Treated at a Homeopathic dispensary. Past history otherwise negative.

Present history: On October 27th, 1911, fell two steps while ringing a door bell. Laid off work for two days, on account of soreness and weakness in left limb. He went back to work for a few days, when he lost power in the left leg below the knee. There had been very slight pain. Wife massaged hip. There had been no girdle or shooting pains. Sensation was normal.

Physical examination: Rather thin in flesh. Complexion sallow. Limp marked. Very large, firm swelling over left hip anteriorly and posteriorly. No tenderness to deep palpation. Some spasm of muscles and considerable limitation of motion in all directions, associated with no pain.

There was three-fourths of an inch shortening. Knee jerks absent. Argyl-Robertson pupils. Pupils unequal. Romberg symptom slightly present. Inco-ordination of upper extremities is marked on left. Wassermann reaction negative.

Diagnosis: Neuropathic spontaneous fracture of neck of the femur.

A marked curvature of the spine occurs in a considerable number of cases. The deformity is usually in the upper portion of the dorsal region, and may be either lateral or anterior-posterior. It is sometimes due to a structural change in the bones, at other times to atrophy and weakness of the spinal muscles.

The clinical picture is about as Charcot described it. There is usually a sudden appearance of a firm, painless swelling of the joint, which soon extends to the surrounding soft parts and which occurs apparently without a preceding trauma and the rapid change which the joint surface undergoes, giving rise to luxations and false position of the bone within a short time. Absence of pain in the joint is, of course, but a manifestation of the tabes and is one of the most important points to be remembered.

Fig. I.—The above is the skiagram of a very destructive arthropathy of the hip joint. Large pieces of bone can be seen imbedded in the surrounding soft tissues. The head and neck have become entirely disintegrated, with a dislocation of the femur upward.

In view of the variability with which all symptoms of tabes occur, it is natural that we should find a certain number of cases in which the joint affections, in other respects typical, are accompanied with pain. Charcot himself recognized this and in his first paper mentions a case in which the swelling was accompanied by pain and redness for the first day or two. The swelling is usually very marked and extends far beyond the capsule and bursæ of the joint. It rarely has the characteristics of œdema, but is usually firm and does not pit on pressure. The swelling usually comes on rapidly, reaching its height in twelve hours; in many cases it takes twenty-four hours to develop fully and it may develop still more slowly.

Characteristic crepitation may occur before the completion of the swelling. This is due to the very early loosening of the ligaments and cartileges. Among other symptoms which have preceded the onset of the swelling and which should be carefully inquired for, are: excess in the tabetic pains.

especially in the joint later affected; also hypermobility, a feeling of weakness, of tension, of heaviness and of numbness. These symptoms are often overlooked. A few cases have been reported where the patient noticed that the joint or its bony elements were enlarged for some time before any swelling occurred. In cases where the joint is freely used, on account of absence of pain, there is a very rapid loosening of the ligaments and a deformity, such as a genu recurvatum, may develop in a few days, or may be delayed for weeks or months.

The individual variations may be very great. However, the rapidity with which the disorganization of the joint takes place is usually very important in differentiating this from other joint affections.

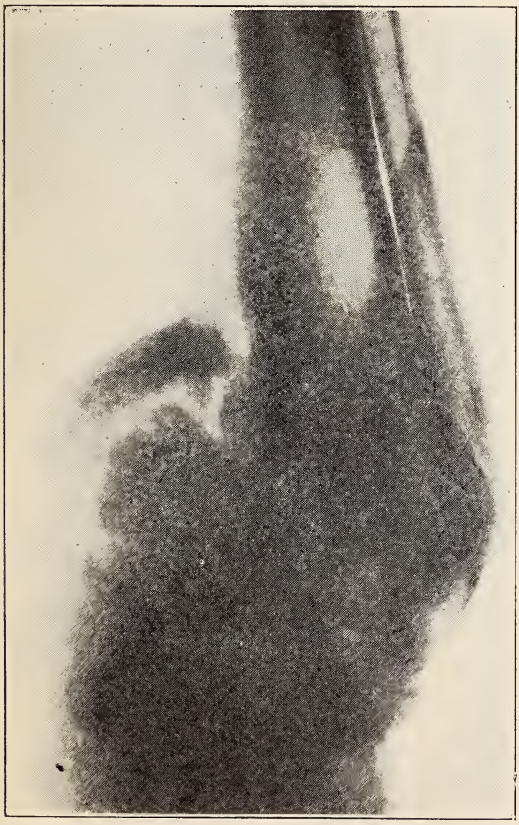

Fig. II.—This is an antero-posterior skiagram of a Charcot ankle. This was the case of a middle-aged man, who first noticed that he was walking on the outer side of the foot. There was no pain and the progress of the deformity was rapid. At the time this radiogram was taken, the lower end of the fibula was bent by the pull of the ankle ligament over the outer lower corner of the tibia.

A case in point was that of a middle-aged man seen at the clinic, whose ankle was so disorganized, in a few weeks after the swelling as noted, that his external malleolus touched the ground.

The degree and character of the joint disorganization is, however, much more characteristic than the rapidity with which it occurs. Such marked pseudarticulations, dislocations and deformities, dependent on relaxation of the capsule, ligaments and excessive use of a joint, are found in arthropathies complicating a nergous affection, and almost exclusively in tabes and syringomyelia.

In the early stages of many of these cases there is a considerable similarity to arthritis deformans with effusion. The change in the soft parts are rarely if ever so great in this latter class of cases. In the more advanced stage the anatomical likeness to arthritis deformans, even when considering the bones and cartilages alone, is entirely lost. In brief, arthropathia tabetica forms a distinct clinical picture, the usual characteristics of which are a rapid hydrathrosis, with a rapid involvement of the surrounding soft tissues in a firm, often massive, swelling, beginning without pain or redness and often without external trauma. The swelling is often followed by a rapid disorganization of the joint, consisting in wearing away of bone and cartilage, relaxation of ligaments and distention of the capsule and resulting in deformities or abnormal positions of bony elements of the joint.

Charcot's arthropathy is also rarely a sequela of Pott's disease, acute myelitis, injuries of peripheral nerves, cerebral, apoplexy, tumors of the spinal cord, crushing of the spinal cord, progressive muscular atrophy and anterior poliomyelitis.

The local treatment of this affection is most satisfactory; in brief, it is efficient brace support to prevent progressive distortion. Operative treatment is unsatisfactory; excision of the knee has been performed, but in many cases the bones have failed to unite.

125 West 58th street.

A severe sore feeling in the throat is frequently complained of by nervous individuals. Close inspection will show numerous fine white spots surrounded by a red areola—herpes.

A small erosion of the trachea may give rise to a distressing hemoptysis which differs from a hemorrhage from the lungs in that there are no lung symptoms, no loss of weight or constitutional symptoms and in that the bleeding occurs in small lumps of clotted blood.—American Journal of Surgery.

FRACTURE OF THE PATELLA.*

By HAROLD W. BROWN, M. D.,
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When one thinks of the disease scarlet fever, he does not picture to himself the difficulties of dealing with the fever, which is short-lived, or the rash, which is designated by the word, but, rather, of the difficulties of diagnosis and recognition of those complications and sequelæ which make scarlet fever such a dread infection.

It is my purpose in this paper to discuss not only fracture of the patella, but also the complications and sequela of that most simple bone when broken.

In order to understand the lesion, one must be familiar with the anatomy of the knee-joint, the functions of that joint, and the mechanism by which this most complicated articulation supports the weight above it and allows of such freedom and agility in motion. The knee-joint is the strongest joint in the body; it supports the greater weight above it in all its movements, and is constantly in action when the body is in the erect position, as the line of gravity acts, not through its centre, but some distance anterior to the transverse axis. One of the greatest strains produced upon this articulation occurs when the knee is bent, and at the same time supports the weight of the body; such strain occurs at every step we take, and when we are taxed by overcoming an incline, as in walking up a hill or climbing stairs. This strength of the joint is due to its ligaments, primarily.

In discussing the patella, let us briefly go over the anatomy of the region. First, the patella is a part of the knee-joint, although outside of it; second, the patella alone is but a sesamoid bone; third, the enveloping fasciæ and ligaments of the region are of great importance in maintaining the support of the joint. The great extensor of the leg is the quadriceps; this muscle ends below in a strong tendon attached to the tubercle of the tibia; in the expansion of this tendon is the patella; laterally, there is a strong, ligamentous band, strengthening the joint on either side, viz., the internal anl external lateral ligaments, and between these and the tendon of the quadriceps is found a thinner ligamentous fascia composed of fibres from the patella tendon, fascia lata of the thigh, and slips from the quadriceps and adjacent muscles. This strong ligamentous binding forms the greatest fortification of the joint.

The extensive synovial sac lies directly beneath, and attached to, the posterior surface of the patella; laterally, it lies directly beneath the encircling fascia. Not all of the inner surface of the bone is in relation to the synovia, but a part below, and for one-half inch above its lower edge, is not connected with it. It should be clearly understood that the patella is covered by a strong fascia, which is intimately attached to the periosteum; that it is also as closely connected at the sides with the ligaments of the joint capsule enumerated above, and that its posterior surface is closely connected to the main synovial cavity of the joint. It is, therefore, quite evident that fracture, *per se,* is not an accident necessarily attended by loss of function, and, indeed, as many years of history substantiate, almost perfect function has resulted when no union of the fragments has ever occurred. In looking over some of the old treatises on fractures, many such instances are recorded, and yet no explanation is offered why some cases, although fairly good union occurs, have poor function, even to almost uselessness of the limb. It is not until fairly recent times that the true explanation has been forthcoming, due to the advent of aseptic surgery. This, and the anatomic study, render it simple to answer the question, and it is because the main support of the joint has been broken as a complicating lesion of the fracture, viz: a tear of the capsule and lateral ligaments, one or both, the failure of union in the patella being prevented by failure at bony approximation due to this lateral tearing, and also by the fact that the covering of the bone stretches after frature, until it also gives way; the edges then falling inward over the ends of the broken bone, preventing these surfaces from being brought into apposition. The importance of this fascial tearing is vital when considering treatment.

Etiology is also important for the same reason. Under this head we come to classify fractures of the patella as due to: (1) Direct violence; (2) muscular action. In the older works on fractures 80 per cent. were said to be due to direct violence; our present knowledge leads us to conclude that nearly the same number are due to indirect violence by muscular action. In the mechanics of this lesion, the knee is bent, the patella resting at its middle point on the end of the femur; at the lower end is the strong, unyielding patella tendon; at the upper edge the quadriceps is attached; it is

*Read before the Hudson County Medical Society, March 8, 1912.

the sudden pull of this powerful muscle, when the patella is in the above mentionel position, which breaks the bone, much in the same manner as one would break a thin board over the edge of a table.

The usual feature is transverse. Now the bone being broken, the fascia covering it stretches to a marked degree, until, if the flexion be strough enough, it tears across the line of fracture; this tear, once started, is rapidly prolonged laterally through the lateral fascia and ligaments, and as the breaking force subsides, the stretched tabs of fascia fall into the gap between the broken ends of bone and prevent subsequent apposition. This depicts the usual lesion—the natural outcome due to the construction of the parts concerned.

Many other forms of fracture occur, however, most of them being produced by direct violence, and, many times, multiple. Most noteworthy are: Fracture of lower end or corner, attended by slight fascial tear, but not enough to destroy the support of the joint; multiple stellate fractures with or without fascial tears and generally accompanied by skin lesion, either laceration or contusion; longitudinal fracture, without any tearing. Besides these we have compound fractures—invariably due to direct violence—and refracture or reseparation of a ligamentous union.

Coming now to symptoms, it must be stated at the outset that very often they are not so easy of interpretation, or so uniformly typic as one is led to believe. The typic signs of fracture, unless sought for immediately after injury occurs, may be almost entirely masked, due to swelling and interposition of soft parts between fragments; the patient may be able to get up and walk a considerable distance soon after injury, and even the X-ray may mislead.

There is, invariably, a certain amount of pain, ranging from slight soreness to very severe suffering. At first it is not, as a rule, as intense as it is after the lapse of several hours, when joint effusion and tension have occurred. In those cases in which there have been no rupture of capsule, pain is more severe, due to increased tension.

Disability is a very important sign, as it gives a clue to prognosis and treatment. In fractures accompanied by tearing of capsule and ligaments the patient is unable to extend the leg. This does not mean that he cannot navigate, for often such cases manage to limp a considerable distance. The real test is to place the patient on his back and request him to raise the heel from the ground. If he cannot do this—other symptoms and history taken into consideration—he has a rupture of lateral ligaments, or lateral fasciæ. In the great majority of these fractures this inability to extend the leg obtains, however, in many, due to direct violence, and in those which are stellate, oblique, longitudinal and fractures of the lower end of the bone, extension is possible.

Swelling and distention of the joint is always present, and occurs rapidly—usually within a few hours—the degree of tumefaction depending largely on the extent of ligamentous tearing, as in those cases in which this lesion is prominent, swelling is not obstructed and causes wide separation of bony fragments, with eversion of the broken surfaces. Edema of subcutaneous tissue is marked and formation of blood clots within the joint favored. This swelling and distention often mask the physical signs, and prevent proper examination if this is deferred.

These cases, unattended by fascial tears, do not show so much swelling; tension is, however, greater and it is evident upon examination that there is considerable effusion under high pressure. The knee will be held in a somewhat flexed position. Bony crepitus is often lacking, but may be demonstrated if sought for immediately after fracture occurs, for if much swelling has taken place, the bones cannot be approximated in an ordinary examination.

The physical examination should, if possible, be made directly, or within an hour or two. It is then more easy to detect crepitus, separation and degree of tearing of ligaments. The test for extension should first be made, followed by a rapid inspection for depression between the broken fragments and then a gentle palpation to detect tears in the lateral fasciæ, which are most easily found by running the pulp of the finger gently down each side of the patella. If a tear exists, there will be a feeling of a transverse depression or groove. By grasping the lower fragment and holding it fixed, the upper one may be moved from side to side. A diagnosis should then be made, special attention being paid to the condition of the ligaments.

The management of a fractured kneecap is a matter of no small consideration. Two methods of treatment present themselves—operative and non-operative. As to which shall be employed depends upon a number of factors. The accuracy of diagnosis is paramount. In general, all cases in which

there is laceration of capsule or ligaments and separation of fragments, operation is the method of choice; provided there is at hand a competent surgeon, facilities for strict asepsis and subsequent persistent after-treatment.

In patients depending upon the use of the legs to earn their daily bread, the time required for restoration of function means considerable, and in such cases the operative method is best, as convalescence is materially shortened.

When it has been decided that no laceration of ligaments has occurred, with very little separation of fragments, as in longitudinal fractures and in chipping off of lower end of the bone, operation is not absolutely indicated, for it has been definitely demonstrated that in these cases good function results by following the expectant plan of treatment.

One indication for non-operative procedure is recent compound fracture; infection is almost sure to occur, notwithstanding iodine, and infection of the operative area is not only dangerous to subsequent function, but often a real menace to life from sepsis.

The immediate care should consist in preventing the patient from trying to walk; temporary immobilization of the joint by any sort of posterior splint—a barrel stave and a few handkerchiefs will do—and the quickest possible aid of a competent physician, in order that a proper diagnosis can be made before much swelling takes place. Until the arrival of such aid the patient should remain in the recumbent position, with the limb slightly elevated.

In deciding on operation, the question arises as to whether this shall be done immediately or deferred until the acute swelling has subsided. Some surgeons are in favor of an immediate operation, claiming that nothing is gained by waiting, and the accumulation of clots and blood is obviated. Most, however, are in favor of waiting until, by appropriate measures, the swelling has subsided and the acuteness of traumatic reaction is over. This is carried out by immobilizing the limb on a long, well-padded posterior splint, reinforced under the knee so that there is slight flexion at the joint; elevation of the heel about a foot, thus relaxing the pull of the muscles upon the upper fragment, and firm but even pressure around the joint to prevent excessive swelling and favor absorption of exudates. This latter may be adequately accomplished by bandaging several sponges around the part, and then wetting the whole, when the sponges will expand and keep a firm pressure around the seat of injury. Daily massage above and below the joint will materially help, and also keep the muscles from atrophy. This part of the treatment applies to all cases, whether subsequently operated upon or not, and will consume a period of from two to four days. It is then time to operate, or, in case this is deemd unwise, to apply the permanent fixation apparatus.

The objects in view of the latter method are: First, absolute immobilization; second, approximation of fragments; third, an apparatus facilitating frequent examination of the patella, and, fourth, comfort to the patient.

Absolute immobilization is necessary for any sort of a good permanent result. It cannot be satisfactorily accomplished by any sort of ambulatory apparatus. No matter how deftly applied, or how skilful the mechanical contrivance, the pull of the quadriceps cannot be overcome if the patient is allowed to walk, and the necessary pressure produced by such apparatus interferes with union by retarding blood supply and by traumatizing already devitalized tissue.

After a study of many methods, probably the safest and best is the following: The limb, from toes to buttock, is placed on a posterior splint, and bandaged snugly from toes to patella tubercle; two molespin adhesive strips 1½ inches wide are applied above and below the patella, the lower one first, immobilizing this fragment and extending upward and backward to be fastened 2½ inches proximal to the joint; the upper one, pulling the upper fragment downward into apposition with its fellow, extends downward and forward to be fastened 2½ inches below the joint. If there be any tendency for the upper fragment to be forced outward, a strip may be placed over the line of separation to keep this in place.

The quadriceps is immobilized by three coaptation splints 8 inches long and placed around the three exposed sides of the limb, being held with buckled straps. The finishing splints consist of two long side pieces, well padded and extending from sole of foot to a point as high as can be tolerated without encroaching on the perineum on the inner side. The position of the leg should be elevated, the heel at least a foot from the bed.

At the end of 4 to 6 weeks union has occurred and the splints may be removed, to be replaced by a plaster splint from ankle

to groin. This should be split on the side to be removable, allowing of bathing and massage, both of which are extremely necessary. The patient may now walk about. Prevention of motion at the joint should be maintained for six months, when a cane and roller bandage or elastic kneecap are all that are necessary. Massage of the whole limb daily is most valuable to favor healing, prevent adhesions and keep the muscles from atrophy by disuse.

Operative interference is indicated in cases in which refracture has occurred and where there is impaired function due to adhesions or bands, and in all cases where marked tearing of lateral ligaments is evident. A closed fracture in itself does not endanger life, and if carefully treated expectantly, the result is often satisfactory so far as functional usefulness is concerned. Operation shortens convalescence and an excellent result is achieved, but it exposes to danger of infection, unless done with thorough asepsis.

The immediate results of infection are: A stiff knee; amputation of the thigh; death from sepsis.

I shall not go into details of operation. Suffice it to say that no one should attempt it who is not in constant touch with surgery and who has not had a thorough surgical training, or who does not understand perfectly the anatomy and mechanics of the knee-joint. The broken bone is the least important feature of the injury; approximate torn ligaments and fasciæ, secure a bloodless wound, preserve asepsis, and the bone will take care of itself. Absorbable sutures are to be used unting capsule; wiring the bone then becomes needless, and is in most instances fallacious.

Operation completed, plaster-cast fixation for 8 or 10 days is proper, at the end of which time massage and passive movements should be instituted, and at the end of 3 weeks a patient may go about with a light, stiff posterior splint. At the end of 4 or 5 weeks all that is needd is a kneecap, and the joint should be functionally perfect in 3 months.

Compound fracture is a very serious injury on account of infection, which in this region and at this particular joint may not only endanger the joint but even life itself. The skin over and around the knee is supplied by vascular branches from the lateral and posterior surfaces of the limb, which are small, and nutrition of this area of skin is not overabundant. Further, the skin is often deeply creased, harboring germs which are not easily removed. All of these factors make for danger, and infection, once started, easily finds its way into the main synovial cavity of the joint by (1) opening the pupatella bursa; (2) infecting the culture medium between the broken ends of bone, viz: blood clot; (3) opening into the joint proper by reason of the almost constant tear of the synovial pouch, where it is attached to the posterior surface of the bone. The demand for prompt and intelligent treatment is paramount; free drainage, mild antisepsis and general constitutional treatment. If no signs of infection are present after 3 or 4 days, operation may be done.

It is interesting to note that in a series of 100 cases, those treated by all methods, after a period of from 3 to 8 years, the end results are no better in those operated upon than in the unoperated cases. About one-half, regardless of treatment, had as good a leg as before the accident; the other half complained of limited motion, creaking in walking, stiffness, aches and occasional burning sensations; the leg may be weak, especially in going up and down stairs, and running with freedom is impossible. (Statistics from the Massachusetts General Hospital.)

To recapitulate: Fracture of the patella is an important lesion; very many times a dangerous one. Results depend upon: (1) Proper diagnosis, (2) careful treatment, (3) constant and persistent attention during convalescence, and, when operative, (1) Perfect asepsis, (2) an intelligent surgeon-anatomist, (3) the same care in convalescence.

It may well be said that fracture of the patella requires a great deal of attention, almost daily, for a long period of time, not only in unoperated cases, but in those operated upon as well. The best results are only obtained by careful supervision, daily massage, intelligently directed active and passive movements, and preservation of muscle tone. Much depends upon the intelligence of the patient; more depends upon the intelligence of the surgeon and his assistants and their carefully directed attention. The active, immediate care is very important; the subsequent treatment in convalescence is just as important.

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PROGRESS IN THE TREATMENT OF SYPHILIS.*

BY HENRY J. F. WALLHAUSER, M. D., NEWARK, N. J.

In selecting a subject to form the theme of my address, I was prompted to choose syphilis on account of the wonderful progress that has occurred during the past few years in solving many of the problems relating to its specific cause, prophylaxis and treatment.

Syphilis has figured from the earliest times of its history as one of the most interesting studies of medicine. The conflicting theories that attended its clinical development as an entity were numerous, and the various changes that occurred from time to time as to its true character would be interesting, but space will only permit a brief consideration of those incidents having a direct bearing on its advancement.

Beginning with the first authentic record of its outbreak in Europe shortly after the discovery of America, leaving it conjectural with the historians as to its origin, whether in the old world or new, it was early considered as a separate disease and later confounded with other veneral conditions. Owing to an error of Paracelcus in 1530, it was called French gonorrhœa, and a misapprehension was thus established which prevailed for many years. To Jean Fernel in the early part of the 16th century, we are indebted for the first step in its advancement along the lines which finally succeeded in establishing its entity. He maintained that the generalized eruption was always preceded by a lesion of the skin which marked the primary site of infection.

The next century, we find most advances in the study of its clinical manifestations; the knowledge of the various modes of infection; and the involvement of special organs, including the brain and nervous system; the hereditary nature of the disease was also established; and particularly the involvement of the vessels and blood stream as the carrier of the infectious matter. The disease was rapidly approaching a classical clinical standard, having passed over nearly three hundred years of study, when, through a single mistake, its progress was retarded, and a wrong conception again prevailed, even to the time of Ricord in the latter half of the 19th century; all due to one unfortunate experiment in which John Hunter (1767) inoculated himself from a case of supposed gonorrhœa and the development of chancre. Had this syphilitic infection not occurred, we would undoubtedly have arrived at a better understanding of the disease much earlier; as it was, he, by other experiments, disproved what had been accomplished preceding his time. Gradually, beginning about fifty years later, his theories were disproven one by one, but so strong an impression had been created in his followers, that it took the combined accomplishments of many, over a period of years to overcome his erroneous teachings; that it was not a constitutional disease and that it could not be conveyed as formerly taught, in the blood stream; or that it could be acquired from any other source than venereal; upsetting the theory of its inoculation from infected instruments, drinking cups, etc. To mention the names and present the data of those who so ably succeeded in the reversion, would be impossible in the scope of this paper, but in passing, we must credit such men as Morgagni, Benjamin Bell, Ernest Horn, Richard Carmichael and many others, all of whom steadfastly opposed the teachings of Hunter, and gradually but positively established the different nature of gonorrhœa and syphilis.

Its hereditary nature was again recorded, and the teachings of Hunter were gradually being eliminated, when in the early part of the 19th century, we find the name of Philippe Ricord to whom we are indebted for advancing the disease almost up to its present day acceptance. He conclusively established its constitutional character; separated gonorrhœa, and drew a distinction between hard and soft chancre. Further improvements, such as differentiation between mixed infection, and the establishment of soft chancre as an entity, was only rendered possible later, due to the developments that occurred in microscopical technique. The wonderful work of Ricord, who had to rely mainly on inoculation experiments, and clinical observation, stands out as the most important step to the final conclusion. In looking for the channel of its further advancement, we next find the name of Pasteur. While the specific cause of the disease as due to a liv-

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ing organism was advanced long before, we owe to him the beginning of its study from a biological standpoint, for in demonstrating the theory of fermentation, he laid the groundwork, and added a new stimulus for this branch of research.

The specific nature of the disease now occupied the attention of laboratory workers, and the added stimulus from such men as R. Koch, Neisser, Levaditi and others, may be credited for the never-ceasing search for the specific cause; and the marvelously rapid advancement in the 20th century can only be ascribed to the zealous toil of these men as they developed and improved microscopical technique, making it possible for the discoveries that were to follow.

We pass now through an era of search for a micro-organism as the specific cause of the disease, many being advanced only to be discarded as they failed to comply with the four laws of Koch, or were otherwise found defective; be it said, however, in passing, that even while the present accepted organism has not complied with Koch's law in its entirety, we must all agree that the outcome has warranted the test, as work along this line might in all probability have been retarded by too readily accepting an organism by constant presence alone. Of the various attempts to prove a special organism, starting about 1870, although this does not mark the beginning of the work, since it originated with the beginning of microbiology, and as early as 1834, Donne described a micro-organism which he compared to Vibrios. This was probably one of the varieties of non-specific protozoa as it was hardly possible with the degree of development in microscopical technique in his time to have made it possible to observe the spirochaeta pallida.

In 1879, Klebs advanced a fungus agreeing with the laws of Koch. Birch-Hirschfeld described a bacillus in 1880. In 1884 we find the Lustgarten bacillus, which was quite generally accepted as the cause almost to the present time. Disse and Taguchi, found a micro-organism which they identified with that of Birch-Hirschfeld. Considerable speculation followed the finding of a small protozoon by Siegel, which he named cytoryctes luis and which was finally responsible for the discovery of the spirochaeta pallida.

In order to bring the subject to this period, it is necessary to go back to the work of Metchnikoff and Roux, who developed an entirely new field of research by their successful inoculation experiments with monkeys, thus paving the way for demonstrating the reproduction of the disease and the more positive acceptance of the organism. In 1903 they published the result of their experiments, proving conclusively that the virus of syphilis could be inoculated into chimpanzees. Shortly after Schaudinn and Hoffmann were appointed by a commission of the German Academy of Science of Berlin to examine into the possibility of verifying the cytoryctes luis of Siegel. They found that the so-called protozoon really consisted only of exudative organic debris, yet it was while conducting this examination that Schaudinn first saw the spirochæta pallida. While this might be considered accidental, we must credit it to good fortune that Siegel succeeded in bringing the subject to the attention of the German Academy, and again fortunate to have had a man of Schaudinn's ability to take up the work.

The spirilla was first observed in a primary ulcerated papule. It now remained to positively establish this organism, not an easy task in view of the fact that growth on culture media was not possible.

The first step undertaken was its differentiation from other forms of spirilla, especially those occurring in the location about the genital region in non-syphilitic conditions and in mouth lesions. Many varieties had to be separated, and so successfully has this part of the work been developed, that positive certainty can now easily be acquired in differentiating these various spirilla. The morphology of the spirochæta pallida with its slender regular form, presenting from six to fifteen spirals, varying in length from six to twenty microns, contrasted with the broad irregular spirals of the spirochæta refringens and buccalis, and the shorter and thicker body of the spirochæta dentium, which is also true of Vincent's spirillum, offers little difficulty with a moderate amount of experience in making a positive distinction.

Its presence was next demonstrated in secondary manifestations in the skin, liver, spleen and in hereditary syphilis. The next step was to prove its constant presence, and while they generally succeeded, considerable difficulty was encountered. They frequently worked all day on a single specimen before a spirochete could be found.

Metchnikoff and Roux then advanced an important point in finding its presence in a typical experimental primary lesion following inoculation in a monkey; innumer-

able confirmatory reports from all sources soon followed and to-day, after a period of about seven years, it would be difficult to find any opposition to accepting the spirochæta pallida as the initial cause of syphilis. Its demonstration offered considerable difficulty in the beginning, and in consequence was of little practical value to the practitioner, but gradually this phase of the subject has been improved so that only a few minutes and a very little experience is now required to prepare a specimen for examination.

A brief resume of the modification of the technique will be of interest. Beginning with Giemsa's azureosin polychrome mixture, which only faintly stained the organism and required from twelve to twenty-four hours, we next find a group of stains of a more positive character, notably those of Romanowski, Jenner, Leishman, Wright and Levaditi, all of which, however, required time and experience: Goldhorn's simple method employing polychrome methylene blue and eosin only required fixing the material on a slide, the stain poured over it, allowed to remain a few minutes, washed and then allowed to dry when it was ready for examination. This method combined simplicity, and also stained the specimen well. Then followed the India ink method of Burri only requiring a few drops of the liquid mixed with the material to be examined on a slide and allowed to dry. We thought we had reached the lowest scale of easy manipulation when another drop occurred to no staining at all; the examination being conducted by the aid of a darkfield illuminator, and most remarkable, while this is a very simple method it is also probably the most certain, as the motility of the organism can be compared to that of others.

As the work of proving the spirochæta pallida was nearing perfection, a new line of thought quite suddenly developed, for we next find an enormous amount of work along the lines of specific laboratory diagnosis and with a varying amount of success. Many different methods have been advanced including the intradermic reaction somewhat similar to the von Pirquet test; leukodiagnosis based on the principle of sensatized leucocytes in vitro to certain normal or pathological products; experiments with hemolysing agents; precipitation tests employing the patients' serum with various chemicals, as taurocholate of soda, lecithin, taurin, etc., and many others are at present being discussed. None, however, have received the consideration and general approval of the Wassermann test, a brief resume of which will be of interest before discussing its merits.

The preceding knowledge of hemolysis, and the development of what is known as a hemolytic system was utilized by Bordet-Gengou to show that a union actually occurred between the analagous component elements of a bacteriolytic system. Reasoning that three substances were necessary for the reaction in a hemolytic system, namely: corpuscles, amboceptor and complement. By using the complement as the known quantity, they could positively demonstrate its combination with the component elements of a bacterolytic system which could furthermore be visually demonstrated by inhibition of hemolysis when the two systems were brought together; to this experiment they applied the term "complement fixation test," and while this part of the argument as to what actually occurs has not been concluded, the practical applicability of their deductions advanced sero-diagnosis to a plane where it received the attention of nearly all laboratory workers, and from whom we are constantly receiving new ideas regarding its usefulness.

Wassermann was the first to apply the test in syphilis employing the following combination:

1. Extract of syphilitic liver in which large numbers of spirochæta could be demonstrated as antigen.
2. Patients' serum.
3. Complement (guinea pig serum).
4. Amboceptor (serum of rabbit previously treated with sheeps' corpuscles).
5. Sheeps' corpuscles.

Thus comprising a double system including all the component parts of each, but only one part of complement. The deduction is simple, the test being divided into two parts.

In the first: extract of syphilitic liver or antigen; patient's serum and complement, are incubated in a test tube to insure union.

The second part of the test is then added, consisting of hemolytic amboceptor, and sheeps' corpuscles. The deductions are as follows:

If syphilitic antibody was present in patient's serum in the first part of the test, a perfect bacteriolytic system resulted; complement was thus taken up, and consequently not available for the second part of the test, hemolysis failing to occur as evidenced by precipitation of corpuscles. The test in this case being positive as showing

the presence of syphilitic products. If this product had been absent in the patient's serum it would be shown by a resulting hemolysis as explained by the presence of free complement for the second part of the test, and a more or less clear red resulting solution, due to breaking up of corpuscles and liberation of hemoglobin.

The specificity of the antigen requiring syphilitic products has since been disproven. Many other substances entirely different in nature have been employed with equally good results; thus normal liver, guinea pig liver, various lipoid substances, and even various chemicals as taurocholate, glycocholate and oleate of sodium, lecithin, etc., have given good results as antigen.

Since the test required considerable experience in its conduction, it was only natural that its simplification should be attempted even to the point of making it available to the practitioner, and while this is commendable, yet it must be obvious to all, that the outcome can never reach this condition with any degree of certainty in results. It will always require considerable experience in laboratory technique and steady routine which, in a busy practice, is out of the question, and so it may better be left as a separate branch, at least until all the details have been thoroughly established, modifications that are of importance to those doing the work, simplifying the technique and certainty in results are steadily progressing. Many modifications have already appeared and are being compared to the original test, none however, so far have withstood comparison with the original, except the method advanced by Noguchi which on account of simplicity combined with accuracy has been adopted by many of our leading American institutions. Like the original Wassermann, this method depends on complement fixation, but the materials employed are different; only about one-tenth of the amount of the patient's blood required in the original test is necessary. The antigen may be prepared from normal human liver, or the liver of beef, sheep, rabbit, etc., and human corpuscles are employed instead of sheeps' corpuscles. The most important modification however, is in the method of preparing and keeping the antigen and amboceptor in a dried form incorporated in filter paper cut in requisite sizes for the performance of the test. In this step a great advance both for simplicity and certainty in results would seem to have been accomplished, as in the original test, the materials deteriorate quite rapidly and are more complicated in operation. The products of the Noguchi method can furthermore be obtained from some of our public laboratories, and thus its use extended to many without the necessary time or conveniences of a well equipped laboratory.

Considerable work in comparing this test to the original has already been done and the results are aparently all that could be desired.

Howard Fox was among the first to make comparative tests in a series of cases, including the various manifestations of the disease, *i e.*, primary, secondary and late lesions, including tabes, latent cases and hereditary conditions, also cases for diagnosis. He found that the Noguchi modification gave a higher percentage of positive reactions than the original Wassermann. He has, however, since modified his opinion and finds that they give about equal results. He concludes that on account of simplicity in technique and considering the comparative results obtained, it is equal to, if not superior to, the original test. That this method is rapidly gaining the confidence of those who employ it can be attested by the fact that the army and navy and many medical schools of the United States, the Pasteur Institute and many of our large hospitals, where difficulty of technique should not be considered as against reliability, have adopted it.

The modifications of Stern, Hecht and many others are being employed, but from a cursory inspection of the changes employed, none have advanced to simplicity along with reliability more effectually than Noguchi, and while the original test as outlined by Wassermann is still the method of choice with a majority of workers, especially abroad, the Noguchi method has opened a very valuable field from a practical standpoint.

Regarding the status of the reliability of sero-diagnosis, we are not as yet in a position to warrant very positive deductions; but that it has established a place of usefulness cannot be denied.

Judging from a diagnostic standpoint, the negative result has very little value, a sufficient number of cases of undoubted active syphilis showing this phase of the test having come under observation to warrant this deduction; furthermore, malignant cases are reported in which the test remained negative until the end. As to its value in regulating treatment, while almost every one admits that a changed positive to negative

indicates a favorable progression, we cannot as yet put any reliance on it in estimating the length of time required in treating our cases or the regulation of intervals in intermitting treatment.

The positive phase as compared to the negative has considerably more value. The diseases of a non-syphilitic nature in which it occurs are gradually being isolated, *i. e.*, it has been demonstrated in leprosy, frambœsia, tripanosomiasis, scarlatina, malaria, lupus erythematosus acutus and ether narcosis; eliminating these conditions, a positive result as the outcome of the test in a given case should be a very strong factor in diagnosis.

In instituting early treatment it is of the greatest value in a limited number of cases, especially in those presenting atypical ulcerations or indurations.

The test is being universally employed and seems to be gaining the confidence of those using it; as time goes on we will no doubt better appreciate its value, as has occurred with tests applied to other diseases, namely, tuberculosis, typhoid fever, etc. Aside from its practical value, it has solved many heretofore difficult problems relating to some obscure conditions accompanying the disease.

In aortic insufficiency, Donath, in examining a series of cases, found 85 per cent. of positive reactions; Bruckner and Galesco found seventeen positive reactions in twenty-two cases examined, thus establishing syphilis as a strong factor in the etiology of this condition.

The supposed immunity to the mother as advanced in Colle's law has been contradicted. Knopfel, Macher and Lehndorff examined one hundred and sixteen mothers of syphilitic children and obtained 62 per cent. of positive reactions, thus proving rather a latent syphilis than immunity. Profeta's law, in which an immunity was supposedly present in a large number of children born of syphilitic parents, the immunity being continued to puberty, has been disproven by a positive reaction in a large majority of cases examined.

The advent of sero-diagnosis in syphilis has, no doubt, added a wonderful zest to the treatment of the disease, in many cases being our sole reliance in its management, for so long as a case shows the positive reaction we cannot conscientiously discontinue its treatment.

The advance in improving the treatment and prophylaxis has kept pace with clinical differentiation and of laboratory research. If we were to consider the remedies that have been employed from time to time, or even a small part of this phase of the question, we might easily go into an almost endless discussion. A few of the changes that resulted, however, will be of interest.

Mercury was being used in skin affections at the time when syphilis first appeared, and was, therefore, naturally applied to the various skin manifestations as they occurred in this disease. In the early times it was used in enormous doses. The effect of the remedy in controlling the disease being weighed by the amount of saliva that could be caused to flow in a given case, often being measured by pints in a day. Many unfavorable results naturally ensued and gradually the remedy fell in the estimation of the physicians of that time. It was blamed for many of the severe ravages of the disease, as bone lesions and severe ulcerations, and was also credited for the severity of secondary symptoms, they being increased, it was said, in severity in direct proportion to the quantity of mercury administered. As time went on, the prejudice became so strong owing to repeated reports of severe ptyalism and death following its internal and external use, which combined with the growing belief that it did not control the diathesis anyway, finally led to its abolishment in treatment. The period from 1812 to 1838 may properly be called the non-mercurial era of syphilitic treatment, and many were the condemnatory reports.

Christison reports a fatal case of ptyalism occurring in a case treated locally with bichloride solution; another death is reported from the application of two drachms of mercurial ointment.

In the work of Astruc, physician to the King of France (1754), is reported the case of Ulrich von Hutton, who had been salivated eleven times for syphilis, the symptoms being described as follows:

"He was hardly anointed before he began to languish amazingly, and so great was the strength of the ointment that it forced into the stomach whatever portion of the disease lay in the upper part of the body in so violent a manner as to make the teeth drop out; the jaws, tongue and palate were all of them ulcerated, the gums swelled and the whole apartment stank. This mode of cure was so hard to suffer that a great many chose rather to die than submit to it, as, after all this, there was hardly one in a hundred cured by it."

In Great Britain a disposition to treatment by simple hygiene and low diet ensued.

Dr. Ferguson, while on the British campaign in the peninsula in Portugal, observed the mild effect of the disease among the inhabitants as compared to the more severe ravages among his own countrymen, who were treated with mercury, while the natives received only topical treatment or none at all. "The disease apparently wearing itself out when received into the constitution after running a certain course without the use of any treatment."

Many others could be quoted as above: John Thomson, in care of the military hospital in Edinburgh (1816), reports that he has never used mercury in any form of the disease, and states that chancres and buboes disappear under antiphlogistic regime, rest in the horizontal position and mild local applications, as rapidly as under mercurial treatment.

A most remarkable example of the change that spread everywhere is the report of cases treated at the Hamburg Hospital by Dr. Fricke, surgeon in charge (1828). In a treatise compiling the statistics regarding treatment, he divides it into two epochs: The mercurial and the non-mercurial. The former treatment extended over a period of eighteen months for males, and twenty-one for females. The non-mercurial period of treatment lasted over a period of two years and five and a half months. At first only a few whose future prospects did not depend on their being cured the speediest way were put on the non-mercurial plan; contrary to expectations, these patients were cured more rapidly than by mercury and relapses were fewer, and thus this treatment was extended to all cases. At the end of two years more than a thousand cases had been treated by this method.

Ten years later, Dr. Graves, in answer to a letter of inquiry regarding his views, quotes the following: "Dr. Fricke has had no reason to abandon his new method of treatment; on the contrary, further experience in treating about 15,000 cases has only confirmed his previous observations in every instance. The results have foreed upon him the conviction of the superior efficacy of what has been called the antiphlogistic treatment."

In the work of Dr. Hughes Bennett we find the following prediction: "The idea that mercury is a specific for the syphilitic poison, and the incalculable mischief it has caused, will constitute a curious episode in the history of medicine at some future day."

The treatment of the disease by the non-mercurial method consisted broadly of looking after the patient with regard to general conditions and certain remedies to increase the action of the natural emunctories with the theory that the virus was eliminated more rapidly. The diet also received careful attention; feeding those who were depleted, and modifying the diet of those overfed; stimulants were generally restricted; blood letting was practised in some cases with the idea of relieving congestion, but not advised as a routine procedure. In Germany a classical form of its management was practised, which, quoting Erasmus Wilson, combined the three main features of treatment, namely: "starving, purging and sweating." It was proposed by Zittman and was generally known under the title of Zittmann's decoction. A brief description will be of interest, as it demonstrates in a general way the character of treatment followed during this period. The decoction was prepared as follows:

No. 1—Sarsaparilla ℥xii
Water, Oxxiv (boil two hours)
Into which is suspended in a linen bag—
Alum, ℥iss
Calomel ℥ss
Licorice ℥iss
Antimony oxysulphuret ʒi
Senna leaves ℥ii
Aniseed ℥ss
Strain off 16 pints.

No. 2—Consisted of the residue of No. 1, to which was added:
Sarsaparilla ℥vi
Water Oxxix
Orange peel,
Cinnamon,
Cardamon, each ʒiii
Licorice ʒvi
Infuse and strain off 16 pints.

The first day the patient received a purge of calomel and jalap, and three meals of broth. Up to the sixth day four pints daily of the decoction was administered; of this amount four pints were of the strong and two of the weak; then two ounces of bread were allowed. On the sixth day an active purge was administered, and the diet reduced to broth as before. From the seventh to the fourteenth day, the decoction was given with two ounces of meat and bread as the diet. After this day the diet was slightly increased and the patient allowed to sit up, the decoction being continued, but only in small amount. If convalescence was tardy or insufficient, the plan was repeated.

Another interesting plan of treatment,

which, however, never developed beyond the experimental stage, was introduced by Dr. Boeck, of Norway, about 1860. The treatment was originally credited to Auzias-Turenne under the title of syphilization. It consisted of re-inoculating the patient with pus from a hard sore, introduced at various points, at intervals of several days. These inoculations were followed by pustules at the site of inoculation, and were continued until no more would develope; this would depend, it was said, on certain peculiar phases of the disease. Just imagine the danger of this form of treatment as applied to doubtful infections; nevertheless, this method made considerable impression, but fortunately was short lived, as a sufficient trial soon developed its worthlessness and harmfulness as a practice. It was still being employed by a few and constantly giving rise to discussion, when about 1870 it was proscribed in France by a decision of the French Academy. The added condemnation of the practice by Messrs. Lane and Gascoyen before the Royal Medical and Chirurgical Society and others finally caused its permanent discontinuance.

About 1860 opinions reverting to the treatment of the disease by mercury appeared in the publications. M. Verneuil claimed good results for it in iritis, periostitis, alopecia and persistent headache, and believed in its efficacy in preventing tertiary accidents. Virchow, in contrast to the opinion of the French school, that mercury was contra-indicated in tertiary conditions, maintained that it was in these cases that it was especially beneficial.

Depaul noticed that it prevented abortion in syphilitic women, and many others gradually advanced it as the remedy for certain conditions relating to syphilis, but nearly all agreed that the late manifestations were aggravated by it.

In 1832 iodide of potassium was introduced by Wallace, of Ireland, and was at once generally accepted as the ideal remedy in controlling the severe manifestations of the disease.

In 1838 we find Ricord as post surgeon to the Hospital du Midi of Paris. He having divided ulcers into distinct groups, cleared up some of the doubtful features of previous treatment in establishing the differential diagnosis, and while he agreed with Desruelles, Fricke and others regarding the non-mercurial treatment of simple inflammatory and phagedenic ulcerations, he emphasized the fact that when he had to deal with the indurated chancre, while opposed to salivation as the degree of treatment, he always applied mercurial treatment as soon as possible. Mercury was continued by him in moderate daily doses for six months, which was followed by three months of treatment with iodide of potassium to prevent the manifestations of distant affections of the diathesis. He gave protiodide in doses of one, two or three grains per day. To Ricord and Wallace we are greatly indebted for the modified mercurial plan or school, as it was called, which even to-day is of the greatest value in the control of severe late manifestations of the disease.

About 1870 a unanimity of opinion regarding the use of mercury again prevailed, but it was generally delayed until the acute or inflammatory stage was passed. Bleeding in certain cases was still advised, as it was supposed to relieve the local congestion, and the nervous system oppressed by the weight of the poison was supposedly lightened; it was also said to cause the blood to take on a new action of repair, rather than generating a morbid proliferation. Mercury for the early period with iodide of potassium for the ulcerations or late manifestations was the method of choice, and is still being employed. Gradually, however, the methods of administration have been improved, until the treatment has been advanced to a point wellnigh perfection in controlling and curing the disease.

We have weighed the various plans by comparison clinically, and proven them by time; also, due to the advent of laboratory methods, we have been enabled to prove beyond doubt the correctness of our views, and added to our resources of estimating the condition in a more scientific manner. We must all realize that a discussion regarding the value of any form of treatment in the future will depend on one fact only. Does it destroy the invading organism? Not, as formerly taught, to increase the elimination of a virus through the natural emunctories. Experience has taught that in mercury we have an excellent control, but the number of preparations advised by various writers, as excelling each other in efficiency, generally depending on the experience of the one using any preparation, would seem to infer that we are still in an undecided stage regarding the value of any given combination, but surely we are approaching unanimity of opinion, as nearly every one doing any amount of work in this line is employing only one plan of administration whenever it can be applied.

Intramuscular or subcutaneous injections have almost eliminated every other method, and to-day it would be difficult to find any one of experience opposed to one or other salt of mercury by injection.

Regarding the period of instituting treatment, we have changed entirely; instead of waiting to establish the certainty of diagnosis by the appearance of the secondary eruption, we begin treatment as early as possible, being aided in doubtful cases by examination for spirochetes or application of the sero-diagnosis test.

With regard to the selection of the combination of mercury, almost any form will be found effective. A few compounds, however, on account of more rapid action, have been separated, and while some difference of opinion still exists regarding the degree of efficiency of the various preparations, as to whether soluble or insoluble salts should be employed, the difference is but trivial and should not be considered as having any weight regarding the end results. Of the soluble preparations, bichloride and succinimide are most frequently used. While they may be employed in certain cases, the insoluble preparations seem best adapted and are most reliable. Furthermore, the fear that formerly attended their use has nearly disappeared, owing to a better understanding of the technique and dose. If the precaution of removing the barrel of the syringe from the needle in order to observe whether a vessel has been punctured is carefully observed, no such accidents as recorded need occur. It is stated in some of the recent text books that ptyalism is very apt to occur during the course of injections. A fair trial will, no doubt, convince anyone that this accident does not occur with any more frequency than with either internal administration or treatment by inunction. In an experience of nearly ten years with insoluble preparations in both private and hospital practice, not a single case of severe ptyalism has been observed, and only one pleural emboli has resulted, from which the patient recovered perfectly without treatment.

Twenty-five years ago, when this treatment was first instituted in Germany, a few fatal cases were reported as the result of injections, but at present, although many thousands are being treated annually, no accidents are reported directly traceable to this plan.

Of the preparations that are used, calomel heads the list in effectiveness, but gives rise to considerable pain at the site of injection; for this reason it is not adapted for routine work, but should not be lost sight of in serious or malignant cases where intensive and rapid action is required. In routine work the preparations that can best be adapted, are probably the salicylate of mercury as a 10 per cent. suspension in liquid albolene and gray oil consisting according to Lafay's formulæ of:

Purified mercury	40 grms.
Sterilized anhydrous lanoline..	12 grms.
Sterilized white vaseline.....	13 grms.
Sterilized vaseline oil.....	35 grms.

Regarding the dosage and length of time required, we cannot decide on a plan that will apply to every case, but a routine to be followed in cases that run an uneventful course is possible, only making minor changes as may be demanded.

The earlier treatment is begun the better are our chances in getting a perfect cure, as by treatment we prevent the transit of the spirochætes through the blood stream, and their deposit in locations where they become enveloped by protective material. With this thought in mind, only one method that can be relied upon presents itself, namely: the contiuous administration of a destructive media. This we can accomplish by a steady exhibition of mercury in the blood stream. The insoluble preparations by slow absorption are ideal in this respect, being absorbed from the site of injection in about ten or twelve days, so that an intramuscular injection administered about every seven or eight days should be ample to prevent the progress of the disease, and by persistent treatment we should expect a perfect cure. The first year of treatment is the most important regarding end results; the injections should be almost continuous during this period; during the remaining time intervals of one or two months may be allowed. The patient may demand other remedies during the beginning of treatment or during its course, which may be added, but the only reason for a discontinuance of mercury is the onset of ptyalism. The usual dose of grey oil may be stated at about 5 minims, and the salicylate in albolene at 10 minims.

Regarding cases that present themselves late in the disease, a steady plan following the disappearance of the lesion for which the patient presented himself should be instituted.

As the disease progresses producing permanent degenerations in the viscera, vessels, nerves, etc., our chances for a cure or improvement become less and less, until fin-

ally, in nervous degenerations especially, it seems to aggravate the condition rather than cause improvement; in other words, *our success in treatment depends on the destruction of the spirochaetes rather than the conditions which they cause.*

We thought we had about reached the zenith of successful treatment when we suddenly heard of the new discovery of Professor Ehrlich. It is now about two years since this was announced, and we are consequently somewhat in a position to judge of its merits. Who among us will forget with what enthusiasm this remedy was received, especially as to its claim to cure syphilis by a single dose of the remedy?

It has been administered in every condition of the disease from the initial to the end results or destructive tissue changes, and nearly all are agreed as to the wonderful results obtained, especially in cases where mercury had failed. As to the original claim and probably the most important, that the organisms of the disease are destroyed, it has been repeatedly demonstrated: initial lesions, secondary eruptions, cases of leucoplakia, etc., containing the organism have been examined during the action of the remedy and all showed destruction of the spirochætes in periods varying from a few hours to several days. Thus to some extent the original claim has been substantiated.

The claim that a single dose was sufficient, however, has entirely failed. This can be explained by the fact that the remedy does not reach all the spirochætes that are present in the economy, and however this may be accounted for, whether groups are walled off, or that the remedy deteriorates in its passage through the circulation before it reaches certain spirochætes, will remain for future explanation, but the fact remains that a single dose even in enormous amount, and with any method of administration has failed often enough to warrant the belief that it will never be successful in proving the original claim of "Sterilizans Magna," except in a very limited number of cases.

Instead of condemning, however, it is up to the profession to work out its proper administration. We have learned a lesson from the study of mercury, and should apply it in the case of this remedy, which has scientifically proven that the organisms of the disease can be destroyed by it, and more rapidly and effectively than by mercury or any other known remedy.

Regarding the methods of administration, the results are about equally good, no matter what form of preparation is employed, or how it is administered, whether intra-venous, sub-cutaneous or intra-muscular; for rapid effect the intra-venous is superior, and will no doubt be the method of choice in aborting the disease as applied to the very early stage; after the secondary period, however, little is to be gained by large dosage, and here the intra-muscular injection in small doses of about 0.3 gram, suspended in an oily media, is best adapted, as it can be given with less preparation and has the added advantage of longer and continuous action of the remedy by gradual absorption.

In looking back over the cases that have come under personal observation, I have become impressed with the fact that much of the success in employing this remedy so far as a cure is concerned, will depend on its very early administration, as a majority who received the injection during the initial period never developed any other symptom. Each case, however, has received continuous mercurial treatment in addition.

From a continued experience with the remedy, it is ever gaining in establishing confidence as to its value. In the initial and secondary stage, it is ideal in causing a rapid disappearance of lesions, and thus removing the danger of infection to others; in advanced cases, no variety of skin lesion has resisted its action; old ulcerations that had persisted for years, and had resisted the action of mercury, rapidly responded; leucoplakia of the very resistent hypertrophic variety, and palmar syphilides all disappeared alike. In advanced nervous cases it has generally failed, which should rather stimulate us to more careful early treatment than to look for defects in the remedy, as after degeneration of the tissues, we can never hope for improvement.

In conclusion, the study of syphilis, passing througth hundreds of years, beginning in extreme uncertainty regarding its protean character, has been developed along the lines of clinical knowledge and scientific laboratory research to a high plane in medicine. We are justly proud of the achievements that have been attained, but there is another side to be considered. We have succeedd from a medical standpoint, but the sociological aspect still remains for a solution of its problems. Measures have been adopted for the control of almost every disease of an infectious nature, and while attempts from a medico-legal standpoint have been instituted in this disease from

time to time, they have generally failed or only modified its spread to a very slight degree.

There is positively no reason why syphilis should longer be excluded from public discussions; the time is ripe for enlightenment, and we owe it to the following generations to take steps for its suppression.

If some of the measures adopted for the prevention and care of other infectious diseases were applied, treating it rather as a disease than as some terrible scourge of the underworld, for it is needless for me to state that it has long since invaded some of our best homes and its destructive character can be seen in our innocent offsprings, to say nothing of the mental and physical suffering that has been caused to many of our noble and pure-minded women. Let us endeavor to bring the subject to light. The secretive measures with which it has been treated are to a large extent responsible for its propagation by reason of ignorance, in many cases even of its existence.

Public education has been a wonderful aid in the management and application of remedies in such diseases as tuberculosis, typhoid fever, plague, cholera, leprosy, in fact every known infectious disease. Syphilis should no longer be excluded, for it has found its way into the list of preventable and curable diseases.

DIAGNOSIS AND THERAPEUTICS OF GASTRIC DISEASES.*

By Julius W. Weinstein, M. D.,
New York City.

There seems to be an impression prevalent in the profession that you can do very little for a chronic stomach disease. This impression is decidedly wrong. It is my conviction that a stomach is an organ that is most amenable to treatment. For a stomach is very accessible to our means of attack. It may be washed; it can be treated directly by drugs, and, what is more important, a stomach is the receptacle of all foods. It is easy to conceive that, by imparting the right kind of food and excluding the improper food, the stomach will be considerably benefited.

The average practitioner when he gets a stomach case, usually orders rhubarb and soda, and if this fails he changes off to hydrochloric acid, and finally, this failing, pronounces the patient an inveterate neurasthenic and loses his interest in him.

In order to benefit a patient suffering with a chronic stomach ailment a thorough study must be made. We must study the mode of life and the habits of the patient. Does the patient drink, and how much? Whiskey does a lot of harm, especially when taken on an empty stomach, and must be excluded in every case. One or two glasses of beer may be allowed; also one or two coffees and teas at the utmost. In patients who are nervous even these may have to be excluded. An examination of the teeth must be made in every case, and if the patient has not got teeth enough to chew with, he must be referred to a dentist. The patient must not eat fast. The pylorus has a selective effect toward big particles of food and will not let them through. When food is not properly masticated, the stomach has to take the place of the teeth and grind down the food. This strain reflects disastrously on the stomach. Chronic gastritis, atony of the stomach and chronic constipation are common sequelæ of faulty mastication. It should be found out in every instance what the patient eats. He may eat too much meat; he may eat too highly seasoned food; he may ingest too much of fluids, etc.

A proper history is essential. The family history is of value. There are people who are born with a weak gastro-intestinal tract. People with family histories of stomach trouble are more rebellious to treatment than others. The history of the patient should start from the very birth of the patient. It is never volunteered by the patient, but it must be gotten out by a painstaking cross-examination.

The next step is the physical examination. This should be systematic and thorough. I never start with the stomach. I examine the stomach last. The stomach is the mouthpiece and mirror of every organ in the body. About fifteen or twenty per cent. of pulmonary tuberculosis patients complain of nothing else but the stomach. Patients often complain of stomach symptoms when, in reality, the trouble is located somewhere else. Therefore, all the other organs must be excluded first; the urine must never be neglected, and even the blood must be looked into. If the general physical examination proves negative, the stomach is then examined.

By a stomach examination I do not mean mere inspection, palpation and percussion. A test breakfast must be given in every

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case. The information derived thereby is invaluable, provided it is done in the proper manner. A mere chemical examination for acidity is of little value. The microscopic and especially the macroscopic appearances are of utmost importance. A few illustrations will not be amiss. We give a test meal and on extraction we find that we have secured without difficulty about two ounces. The contents present a uniform, white, milky emulsion; all the particles of bread are about even in size. On standing, the contents separate into two layers, a layer of solids at the bottom and a layer of fluid on the top. Stomach contents of this type mean invariably normal contents. Another example: The moment the stomach tube is introduced, the contents come out with a gush. In a moment several ounces are secured. We note the contents consist almost entirely of water. There is a very thin layer of solids at the bottom, heavy particles falling almost like granules of sand to the bottom. This is the type of contents that signifies hyperacidity.

At times by securing the contents we note the quantity to be abundant; there is a sickening odor to it; the contents separate into three layers—a layer of solids at the bottom, a layer of solids on top, and a layer of liquid between. Particles of food other than the test meal are often noticed. The sickening odor is due to the presence of a fungus, sarcinæ ventriculi. The layer of solids on top consists of particles of food charged with gases, as a result of fermentation. This is an example of pyloric obstruction.

Here is another illustration: The contents do not come out at all; by using an aspirator we get out with the utmost difficulty only a very small quantity. We note it consists almost of one mass of mucus, the particles of bread are undigested, the contents are very thick, with very little fluid in it. This is an example of chronic gastritis.

If the contents come out like molds from the tube with a fecal odor to it, the food poorly digested, we have an example of cancer of the stomach in its advanced stages.

Having made a complete examination of the test meal we must next examine the motility of the stomach. The motility of the stomach is its most important function. A patient may go along fairly well without any secretion in his stomach, provided he will take some care with his diet; for the intestinal digestion acts vicariously in such cases and takes the place of the stomach. If, however, the motility of the stomach is impaired, the patient does not feel well. The reasons being as follows: If the motility is disturbed owing to an obstructed pylorus, the food cannot enter the pylorus; but even if the pylorus be patent, the patient will suffer, for, true, the food gets into the intestines, but it gets there in a fermented state, laden with micro-organisms and charged with organic acids; since the real disinfectant of the stomach is its proper motility. Moreover, if the motility is impaired, the stomach never has a rest, for it always contains food. In testing for the motility of the stomach the best standard is to give a regular dinner and wash out the stomach seven hours afterward, when, if food be present, the motility is impaired; if no food is found, the motility is normal.

GASTRIC THERAPEUTICS.

The time will not permit me to discuss all the agencies that are at our command. I will limit myself to drugs.

Hydrochloric Acid.—It is a normal constituent of the gastric juice. It is capable of digesting proteins. It enters into a chemical combination with the food. To tell whether a patient has or has not any acid is only possible by examining the stomach contents. Is every patient who has no acid in his stomach benefited by the administration of hydrochloric acid? No. In a good many patients who have lost their acidity, the stomach becomes hypersensitive to acid and would not tolerate it at all. On the other hand a lot of patients are benefited by it considerably. As a rule the lower the acidity the less is their tolerance for acid. Whenever I prescribe acid in such cases I invariably prepare the patient—informing him that the medicine is given merely as an experiment. When is the proper time to give hydrochloric caid: before or after meals? In giving hydrochloric acid our prime object would be to replenish the natural deficiency within the stomach. Unfortunately this is a forlorn hope, for the quantities required for this purpose are enormous, quantities that would be unsafe to administer. It takes 150 drops of hydrochloric acid to nentralize 18 grams of albumin. One might ask, how is it in the stomach? The method of supply and distribution is such as we could never imitate. Imagine five million little glands spread out on a big surface, and all squirting hydrochloric acid in a most steady and uniform microscopical spray. But while we cannot hope to administer hydrochloric acid so as to fill up the deficit, there is an-

other object in its administration, namely, to give it as a stomachic. There is no better agency than this, and we give it, as such, mainly and best before meals, in plenty of water, through a glass tube, in doses of 10 to 20 drops t. i. d.

The Alkalies.—Sodium bicarbonate and magnesium oxide are the best. Magnesium oxide is four times more potent than bicarbonate. Magnesium oxide has also laxative powers, and since most of the states that require alkalies are attended by constipation, magnesium oxide makes the antacid of choice. Bicarbonate of soda in its neutralizing acids liberates carbonic acid gas, while the magnesium does not do it. This is another advantage of the magnesium. The dose of the bicarbonate is up to 2 drams. The alkalies should be administered in water about one hour after meals. It is a good plan to give in conjunction with the antacid ext. belladonna before meals, in doses of 1/5 of a grain, which checks the secretion.

The Bitters.—Their main effect is by stimulating the appetite. Since Parlow has shown that the appetite is the greatest factor in stimulating the gastric secretion, the effect of bitters on digestion is obvious. The best of the bitters is condurango, in doses of about 20 to 30 drops of the fluid extract. A good combination is fluid extract of condurango, min. 20 to 30; tr. of nux vomica min. 10; elixir of gentian ad ℥i. May add to it, if necessary, hydrochloric acid.

Bismuth.—It is a great drug in stomach diseases. I give it in big doses only; ʒi once a day, in the morning, on an empty stomach, in a tumbler of buttermilk in ulcer cases. The bismuth lays itself out in such cases all over the stomach, as proven by X-ray examinations. I like the subcarbonate best, though the subnitrate is also good.

Pepsin.—It is of very little value and has almost been abandoned by gastrologists. For our system abounds in enzymes which take its place in its absence. Pepsin should never be prescribed with bicarbonate of soda, for it does not work in an acid medium. It is given best with hydrochloric acid.

Pancreatin.—This has even a lesser field of application than pepsin. It works in an alkaline medium only. It might be of some use in cases of acidity of the stomach, coupled with impairment of the intestinal digestion.

Patented Preparations.—The market is flooded with them. I do not use any of them. They consist mainly of different enzymes that tend mutually to destroy each other.

THE HOME IN ITS RELATION TO INFANT MORBIDITY AND MORTALITY.

By Ira S. Wile, M. S., M. D.,
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Among the Ekoi there is a curious superstition that forbids quarreling in the house where little children are to be found, inasmuch as the children will forsake the earth until opportunity presents itself to return again into a less quarrelsome atmosphere. This, in brief, calls attention to the responsibility of the home for the existence of infant morbidity and infant mortality. It is a rather curious fact that in an analysis of the morbidity statistics of the country one is immediately struck by the tremendous proportion of infant mortality.

Inasmuch as the morbidity rate as compared with the mortality rate is about five to one, all the figures relating to infant mortality may be multiplied by five in order to have a slight appreciation of the amount of illness relating to infancy that exists in the confines of this country. Unfortunately our governmental mortality reports are based merely upon the registration area which only covers a little over 53 per cent. of the population of the United States, but taking these figures for the year 1910, we find that the total number of deaths under one year of age was 154,373, or 19.2 per cent. of all the deaths at all ages that occurred during the year. We find, analyzing these figures as to the mortality occurring on the first day of life, or within the first week of life, or within the first month of life, and comparing it with the mortality within the first year of life, some interesting figures are presented which illustrate the different phases of home responsibility that might deal with the mortality of these respective periods. For example, we find that approximately 11 per cent. of the total mortality of the first year occurs upon the first day of life; 23 per cent. occurs within the first week of life, and 37.7 per cent. of all the mortality of the first year occurs within the first month of life. Furthermore, the causes of death appear in varying degrees of importance. For example, the mortality

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rate of the first day shows that 8,808 die from premature birth; 1,437 from malformations, 2,007 from congenital debility, 1,740 from birth injuries, 90 from syphilis, 120 from convulsions. This presents a striking fact that the mortality of the first day is dependant largely upon two general conditions; firstly, the influence on the child inherited from the parents, the prenatal care of the child, and secondly, the care of the child at the time of its birth, for the responsibility of which home conditions are important.

The mortality rate of the first week shows malformations, premature birth and congenital debility to be responsible for over 31,000 deaths out of the total number of 36,351 which died within the first week. Syphilis now claims 228 deaths, tetanus 156, whooping-cough 8, broncho-pneumonia 347 and pneumonia 365, diarrhœa 684. Thus as briefly shown, not alone the responsibility of prenatal conditions, but the acquisition of disease through the spread of contagion is represented by tetanus and whooping-cough, and the influence of home atmospheric conditions is manifest in the pneumonias, and the responsibility of the home for feeding in infancy is shown by the 684 deaths from diarrhœa and enteritis.

When we come to a recapitulation of the deaths under one month, we find that there is comparatively little increase of the total number of deaths due to malformation, premature birth, congenital debility or birth injuries, but that syphilis claims 608 victims; convulsions—an unfortunate term the interpretation of which is shrouded in mystery—claims 2,070; tetanus carried off 411, while whooping-cough has suddenly jumped in the column to 220; bronchial pneumonia to 621; pneumonia to 1,536, and diarrhœa to 4,477, while tuberculosis in various forms now presents a mortality of 127. Apparently the effects of environment are now beginning to be made manifest. Contagion, vitiated atmosphere, inadequate feeding and all the economic conditions which tend to produce tuberculosis are now in evidence, and 37.7 per cent. of the total mortality of the year must be recorded as existing within the first month. The general force of this division of responsibility in the home is well seen by carrying out the figures once more to the mortality within the first year of life:

The total number of deaths under one year was during 1910—154,373.

Malformations, 7,501; premature births, 20,275; congenital debility, 15,361; birth injuries, 3,725; syphilis, 1,752; convulsions, 4,089; tetanus, 427; whooping cough, 3,345; broncho-pneumonia, 10,593; pneumonia, 8,443; diarrhœa and enteritis, 44,695; tuberculosis, all forms, 2,396.

Diarrhœa and enteritis was the cause of 27,350 deaths during the first six months of the year, and during the first two years of 54,266. I merely mention this in order to call attention to the fact that the traditional second summer as a source of danger from diarrhœa has little to justify it in fact.

Considering the responsibility of the home for prenatal care as it may affect infant mortality, Pinard has shown that cessation of the mother from work one month before labor, with only ten days in a pre-maternity hospital, gave the child 10 per cent. advance in birth weight. This element of care before parturition is one of the elements of home care that is very generally neglected, and undoubtedly accounts for a large measure of the premature births which are all too numerous. According to the figures of the Sloane Maternity Hospital in 10,000 consecutive births 7.5 per cent. were premature, while Edgar has claimed that one out of every six births is premature. The responsibility for a large measure of these premature births, and the mortality therefrom, falls directly upon home conditions.

The relation of illegitimacy to the increase of infant mortality is too well known to require special attention, and the home where material infelicity breeds a sense of disunion, is a home where infant mortality and infant morbidity may generally be regarded as due to parental neglect, ignorance and viciousness. In the general heritage of the child, to be sure, the question of the responsibility of the home for the transmission of the venereal diseases has been generally appreciated, and the fact that 1,752 children died under one year of age in 1910 from syphilis is by no means an index of the morbidity from that disease as would be expressed in terms of hydrocephalus, idiocy or congenital defects which perchance would outlive the first year of life. The responsibility of the home for a clean birthright for the child is well appreciated by all the followers of Galton and Pearson, and this problem can only be attacked through a general campaign of wisely directed parental education or a still more wisely enacted legislation which would prevent the marriage of diseased individuals.

Even the question of the largeness of the family is a tremendous factor in determining the morbidity and mortality rate of in-

fancy. With the wise elemination of the young, such as is being practiced in France, and with stress being laid upon quality more than upon quantity, there is little doubt that there will be a marked decrease in the morbidity of infancy and a consequent reduction of the infant mortality, owing to the better opportuntiy for the parental care which will be granted to the lesser number of children born. Incidentally, it has been shown by Hedger that the mortality rate in families with children over six in number is disproportionately large, and that the morbidity existing in families of that size is far above the general average of morbidity for children at all ages.

The question of nationality of the home has received considerable discussion, and the latest investigation by Dr. Cabot, in Boston, apparently suggested that the death rate in infancy among Italians was excessive owing to infectious diseases, while the Russian infants suffer from digestive disturbances and the Irish succumb to congenital weaknesses.

When we come to a consideration of the tremendous number of birth injuries, 3,725 dying from that cause, 3,430 occurring under one week, one immediately is confronted with the proposition as to whether the home should elect to have the care of the birth of the child in the hands of the midwife, the general practitioner, or the specialized obstetrican. It is startling to realize that 6,000 women die annually in confinement in the United States, and that the responsibility for a large part of the deaths generally attributed to artificial feeding must be placed back upon the death of the mothers, by whose death the child is robbed of its natural food. The midwife is an institution apparently repellant in idea to a large number of the medical profession, principally because they do not realize that the midwife is an essential social institution, recognized in other countries, trained, and to a large extent supervised. In New York City midwives care for 45 per cent. of the births; 47 per cent. in Chicago; 33 per cent. in Rochester; 53 per cent. in Jersey City. Unfortunately we have very little legislative restriction of the midwives, who have also the care of the mother and the child during the period of the greatest infant mortality, namely, during the first week. For example, in Jersey City, out of 954 deaths during 1910, 199 occurred within the first week. In the opinion of the parents the use of the midwife is an economic necessity and as long as midwives are merely permitted to attend at normal cases, there is no particular danger to the mother likely to result from her attendance. There is, however, a certain measure of danger from the ignorance of the midwife regarding the care and feeding of infants during the early period of infant life. The same fact might be argued against a large proportion of the physicians. It is regrettable to note without comment that the proportion of ophthalmia neonatorum, as investigated in New York City, has been found to be more common in the practice of physicains than in the practice of midwives, and that puerperal septicæmia likewise is more common to the medical profession than among midwives. The fact that midwives are forbidden to handle other than normal cases, places the main onus of responsibility for birth injuries upon medical practitioners whose ready use of mechanical means for the saving of time unfortunately often results in the sacrifice of the infant and the endangering of the welfare of the mother.

The question of alcoholism in the home is one that is at present being surrounded with many moot points. There is no doubt that the undue utilization of alcohol on the part of parents is decidedly disadventageous to the youngsters issuing from such stock, and that premature births have been hastened by inebriety, with consequent carousing and neglect. In London a few years ago there were 1,200 infantile deaths reported from over laying. The general course of maternal experience in this country is such, however, as to indicate that our mothers represent a far more sober class than that which is to be found among our English cousins.

After the safe birth of the child, and eliminating the deaths which occur from causes that cannot be obviated, the necessity of breast feeding of the child becomes of the greatest prominence. According to general experience 90 per cent. of the so-called tenement-house mothers are able to nurse their infants for nine months, while only 25 per cent. of the mothers in affluent circumstances are able to nurse their young for as long as three months. Dr. Schwartz has been successful in his excellent system of following up his patients, to secure 77 per cent. of the foreign mothers to nurse their youngsters for six months. The responsibility of the home for breast feeding is paramount, inasmuch as fully 85 per cent. of the deaths which occur from digestive disorders are found to be among infants fed on artificial food. The expression "bot-

tling the baby" has a morbid significance of its own. When we come to the question of artificial feeding, it must be realized that milk itself is not the only objectionable factor in artificial food. Inasmuch as 63 per cent. of the mortality of the first year occurred within the first three months of 1910, it is plainly to be seen that the element of artificial feeding does not enter very greatly into this period of mortality. With regards to artificial feeding, the ignorance of the mother and the careless mode of preparing the food, the lack of time for giving the artificial feeding adequate attention and the lack of ability to supply efficient refrigeration so as to preserve the milk in a healthful state are all large factors in the morbidity and mortality among bottle-fed infants. Another factor for which the home is responsible depends upon the fact that the care of the bottle is frequently taken out of the hands of the mother owing to the necessity of her going into gainful occupation. The responsibility of the home for the securing of a proper milk supply is in part limited by the economic condition of the family which determines for the family what sort of milk it may supply the infant. It is needless to advocate the utilization of a certified milk to a family whose income would only permit it to spend five cents per day for the milk of its child. The responsibility for caring for even a cheap milk supply with all its attendant danger is limited by the ignorance and general lack of information which is unfortunately too prevalent in our modern homes.

Among families of greater economic position the problem of the wet nurse naturally arises, in a small proportion of difficult feeding cases. One may generally state that wet nursing has had practically little general influence upon decreasing the mortality rate; it has had a marked effect upon increasing the morbidity rate. The milk in a mother's breasts belongs to her own child, and no mother has the right to sacrifiec her own youngster for economic reasons in order to save the child of some other woman in whose breasts milk might possibly be secured. It is perfectly permissible to secure wet nurses; it is perfectly legitimate to secure the milk from the breasts of the wet nurse in order to save another child's life, providing, however, that the child of the wet nurse is not thereby sacrificed. Every home which makes use of a wet nurse should take into that home the child of the wet nurse in order that its life may be safe-guarded and that the mortality rate may not be increased by the demise of an infant whose sustenance nature had bountifully provided for, and which had been sacrificed simply to retain in life the child of another woman whose financial position had enabled her to buy the birthright of a wet nurse's child.

The problem of the mother at work, which is a regrettable phase of home responsibility, has a tremendous effect upon the mortality rate, as has been demonstrated by figures from all over the country. Phelps found that in 1900 to 1907 the death rate for children under one year in 14 textile towns was at the rate of 183 as against the average of 145 for the entire registration area. Decurtins has reported that in Switzerland since the enactment of a law forbidding women to enter employment within six weeks after confinement, the mortality rate fell from 29 per cent. to 5 per cent. Bulletin No. 80 of the U. S. Department of Commerce and Labor, has shown that the mortality of children under one year of age in Bradford, England, was 160 for children whose mothers were working, as opposed to 408 for infants with mothers remaining at home. Dr. Schwartz's figures show a death rate of 278 per thousand babies born for infants whose mothers are at work, as opposed to 131 per thousand for mothers not thus gainfully employed. Taking the figures of various manufacturing towns there is immediately patent the responsibility of the home for the preservation of infant life. Dr. Hedger, taking government figures for 1900, showed that with the infant mortality rate for the registration area at 165, New York City 189, Boston 194, Fall River had 305 and Biddeford, Me., 311. Using the census figures for 1910, where the deaths of infants per hundred deaths at all ages, in the registration States was 21, Lawrence, Mass., showed 35, Fall River 39, New Bedford 38, Hackensack 23, Garfield 51, Passaic 40, North Tonawanda 36 and Lackawanna 62. The responsibility of the home for maintaining the mother free from employment, that she may adequately care for her infant and protect it, should be respected and legislation should be enacted so as to make this preservation of infant life possible, without economic loss to the family.

The effect of housing conditions is readily evidenced in the general increase of deaths from diseases due to inadequate ventilation, as pneumonia, or unhygienic conditions, which alone permits the direct contagion of diseases like tuberculosis. A child

born in a home that consists of but one room has only half the chance of living to be one year old that the child, born in a home consisting of four rooms, has. To be sure this is an index of the economic status of the family and the number of rooms is not in itself a determining factor in the life or death of the child. The room congestion problem, also, in part, dependent upon economic factors, is certainly a pronounced element in generally increasing mortality rates, in which the increasing mortality rate of infancy is included. From Russell's study in Glasgow, it has been shown that, with the average number of persons per room being 1.31, the mortality rate was 21.7 per thousand, whereas when the average number of persons per room rose to 2.05, the mortality increased to 28.6 per thousand. The New York Milk Committee two years ago, during three of the hottest weeks in July, with a temperature averaging 78.6 degrees to 76.4 degrees, investigated three classes of homes with approximately the same population:

Twenty-eight fashionable blocks, with a population of 7,560, that showed 37 births in 1907.

Five middle-class blocks, with a population of 7,696, and 160 births in 1907.

Three poor tenement blocks, with a population of 7,858, and with 434 births in 1907.

During these three weeks of the study there were no deaths in the first two classes, and 16 deaths in the third class. To be sure the housing conditions only formed a part of the reason for the mortality; but with a lack of ventilation, lack of adequate light, lack of refrigeration, and the general ignorance and poverty, the housing conditions certainly play some part in affecting the general mortality. The excessive room temperature and the lack of sufficient cubic space per capita are in part within the control of the families during the greater part of the year, and with more enlightenment as to healthful air, open windows and lack of borders where the economic necessity is not pressing, the part of infant mortality due to these causes will diminish.

Another phase of infant morbidity that must be considered in the care of children, is the fact that the little mothers, twelve years of age or thereabouts, are frequently burdened with the responsibility of preserving the physical health of the infant when their intelligence and judgment have not been sufficiently developed to enable them to do justice to their charges. It is unfortunate, but true, that a large proportion of the illnesses of adults are visited upon the children owing to the closeness of contact in over-crowded rooms. This is especially noticeable in the increase of the contagious diseases in the latter portion of the first year. This probably would be more noticeable in the earlier half of the first year were it not for the protective, passive immunity of the nursling against infectious and contagious diseases. The high mortality from diseases of the respiratory tract, 18.5 per cent. of the total first-year mortality, is shown in the 10,693 deaths from broncho-pneumonia, and the 8,443 deaths from pneumonia, as well as the 2,396 deaths from tuberculosis.

Among other conditions in which the home has a special responsibility is protecting the infant from members of the household suffering from tuberculosis. While Dr. Park has shown that 2½ to 3 per cent. of the deaths under three years of age are due to bovine tuberculosis, the fact still remains that the main fearful percentage of death from tuberculosis in infancy is probably due to contagion from infected members of the household. The necessity of sending the tuberculous member of the household out of the home, particularly when the disease has progressed to the third stage, places the fearful responsibility upon the home in spite of all the sentimental feelings that may exist among the members of the household. The only way to efficiently protect infancy from tuberculosis is to correct the unhygienic condition of the home and to separate the children from the tuberculosis carrier. The protection from bovine tuberculosis can be secured by the teaching the home the necessity of utilizing a certified milk or boiling all other milk that may be used for infant feeding.

The general problem of home responsibility would not be adequately dealt with did we not refer to the unnecessary drugging, the use of gin and other diuretics, soothing syrups and paregoric, which still have a tremendous vogue, based upon tradition and encouraging advertisements. The home must maintain, or first secure, an adequate decree of enlightenment that will enable it to preserve infant life. If pacifiers are responsible for 5 per cent. of infantile diarrhœas, the home is essentially responsible for 5 per cent. of the diarrhœas. If flies are the cause of a tremendous portion of summer diarrhœas, it is incumbent upon the home to maintain a standard of cleanliness that will preclude the possibility of flies finding a favorable ground for propa-

gation. Ignorance of the law is no defense, and this may be said to exist in medical laws or the laws of health as well as those which merely have to do with property. The most prominent potent factor to-day in the home that predisposes toward infant morbidity is general ignorance regarding parental duties and the hygiene of infancy.

There is one more factor which I hesitate to mention, and yet it also is a factor in determining infant morbidity, and that is what the family can afford. It is well to theorize, to explain, dogmatize, and to build up plans for the development of a healthful infancy, but we always come back to that unfortunate problem, "Can the family afford it?" The average income of males over 16 years of age in 1905 was $11.16 per week. The limitations of such an income in 1905 were pronounced. The cost of living has advanced, and wages are still behind the general advance in cost of commodities. Wherefore, the struggle for existence is greater than ever before. Economically speaking, in the constitution of the home, the wage-earner demands the first consideration. Wherefore, in the establishment of the standards of living in the home, the necessities of the father, or the mother when she also is in occupation, must first be met, and what remains may then be devoted to the maintenance of the children. This indirect sacrifice of infancy is not generally appreciated and yet is an exceedingly interesting, prominent and regrettable phase of the relation of the home to infant morbidity. Hall has shown at Gratz that during the last fifth of the 19th century infant mortality could be analyzed as occurring with the following percentage in different economic strata:

The rich, 0 per cent.; the middle class, 4 per cent.; the poor, 36 per cent.; the destitute, 60 per cent.

It may thus be shown that the home in its relation to infant mortality is distinctly limited by the economic status of the family, the intelligence of the parents, the prenatal care which includes the heritage, the necessity of securing adequate care at the birth of the child, and the maintenance of hygienic living conditions insofar as is possible and compatible with the intelligence of the family, and the community, and the economic standards which are possible. Newman has well stated, "It becomes clear that the problem of infant mortality is not one of sanitation alone, or house, or, indeed, of poverty, as such, but it is mainly a question of motherhood."

Instead of saying, with Newman, that the problem of infant mortality is mainly a question of motherhood, I should say that the problem of infant mortality is a question of intelligent parenthood and rational homemaking with economic independence.

230 West 97th Street.

MEDICAL ECONOMY.*

LECTURE DELIVERED IN 1950,

BY JOHN S. YATES, M. D.,
PATERSON, N. J.

Gentlemen: It is my purpose this evening to review some of the changes and improvements that have been made in the practice of medicine and surgery in the last forty years. In the two or three decades prior to the year 1912 remarkable advances had been made in bacteriology and surgery, so that, at that time, the profession felt justly proud of its achievements in conquering disease. Preventive medicine had so far progressed that a certain famed Russian bacteriologist, Metchnikoff, unhesitatingly declared that a diseaseless age in the not distant future might be expected. We know now that this optimism was only in a measure justified.

In the early years of the twentieth century another problem presented itself to the medical profession, which in importance equalled, if not surmounted, all others. The output of the medical schools was not regulated by a National Board of Health as it now is, and as a result of this lack of restraint and regulation, the supply of medical graduates was in excess of the demand.

With the development of preventive medicine and the constant increase in the number of licensed physicians in each community, a period arrived when the earning capacity of the average physician became reduced to a point much below the compensation a thoroughly trained physician is entitled to. The competition between physicians became so keen that a number of evils arose at this period which attracted attention and unfavorable comment on the part of the more conservative physicians and the laity as well. The almost exclusive use of drugs in the treatment of medical diseases by regular physicians at this time and the revulsion of the laity to this method of treatment gave birth to pathies which

* Read before the Passaic County Medical Soceity.

claimed to be able to cure disease without the use of medicaments.

Osteopathy and its offspring, Chiropractics, founded schools whose graduates (?) were shot forth by the hundreds all over the country and commenced the treatment of diseases by the manipulative methods. The laity at this period were quick to grasp the possibility of the new methods, or the old methods in new form, with the result that the new schools met with a large measure of success in point of the number of patients treated and the financial returns therefrom.

In passing it should be mentioned, in order that you may better understand the history of this period, that it had become the ill-advised habit of certain leading members of the profession to minimize the usefulness of drugs in the treatment of diseased conditions. The public statements made by these myopic gentlemen were eagerly seized and made use of among patients by the devotees of the drugless schools, much to their advantage and the logical disadvantage of the regular physicians.

To-day, as you know, through our perfected organization, we should deal differently with any new therapeutics which show any possibility of usefulness. Our Council of Therapeutists would have invited Dr. Still, the founder of so-called osteopathy, to come forward and demonstrate the efficacy of his new method and that which was found to be effective, and an improvement on the methods at this time employed, would be adopted, and be made a part of the teaching in regular medical schools. And Dr. Still would be given just credit for his achievements. The factors you see which were operating to deplete the income of the regular physicians, namely, the practitioners of osteopathy, Chiropractics, Christian Science, the free dispensaries and the unlimited graduation and licensing of new physicians, and the diminution of medical ailments due to improved prophylaxis, together produced a total of resistance to the fair compensation which a regular physician has a right to expect, that out of simple self-preservation the profession were forced to adopt new methods of organization, of which to-day we are reaping the reward.

It can be readily understood that the younger physicians of this period were so handicapped in their legitimate efforts to make an adequate income that they were, I believe, unwillingly perhaps, in most cases, compelled to undertake to solicit and perform major surgical operations for which they had neither the skill, experience nor suitable training. Who can deny that this factor produced its effect in impairing the confidence and respect of the laity in the regular physician and in turn was the means of deciding a doubtful patient to try first the methods which promised to "treat" disease without poisonous drugs or the use of the knife?

The plan of organization looking to the general improvement in the condition of the regular physician first crystallized and took form in Paterson in 19—. A review of that plan which eventually led to the perfected medical organization which we have throughout the country to-day, should be interesting.

Paterson at this time had approximately a population of 120,000 divided into twelve districts, each having approximately a population of 10,000. As nearly as possible to the centre of each district was opened a building known as Physicians' Offices. In the centre of the town were the headquarters, known as the Central Medical Building. A "Board of Control" composed of twelve of the older physicians, whose duty it was to supervise the work of, advise and consult with the physicians in the field, had their offices in the Central Medical Building. In this building also were located the specialists in the different departments of medicine, Eye, Ear, Nose and Throat, Orthopedics, Pediatrics, Nervous Diseases, Electro-therapy, Hydrotherapy, Manual Manipulation, Microscopy, etc.

To each district were assigned six physicians, one surgeon and one assistant surgeon. The medical and surgical work of each district was taken care of by this corps of physicians with headquarters at the "Physicians' Offices." The day and night of 24 hours was divided into quadrants of six hours each. Each physician's day consisted of six hours' service. At 8 A. M. two physicians reported for duty at the Physicians' Offices in each district. Office patients were seen until 9:30, after which the two physicians made house visits until 2 P. M., when their service for the day ended. At 2 P. M. two other physicians reported for duty and after consulting with office patients until 3:30 they made house visits until 7 P. M. From 7 P. M. to 8 P. M. office patients were attended to and at the expiration of this time they were relieved by another physician whose service period extended from 8 P. M. to 2 A. M., and the sixth physician commencing service

at 2 A. M. completed his period at 8 A. M.

The surgeon's work, including their service at the hospitals, could invariably be covered within a period of six hours daily. The foregoing sketch formed the basis of the *modus operandi* of the plan of reorganization. When the new system of medical service was first proposed there were protests and objections on the part of some, and fear and timidity on the part of others, that the new order would not prove successful, but when the signal advantages to the laity and to the profession of a systematized medical service was fully understood (and some of these advantages will be outlin d later), the objections to the new plan gradually disappeared.

One of the principal abuses of this preorganization period were the free dispensaries. It was estimated that at least 75 per cent. of patients who were treated gratuitously at free dispensaries were well able to pay a fee. Under the new system free dispensaries were abolished and a department opened at the Central Building known as the "Charity Department," where poor patients were treated without charge after satisfactory proof had been obtained of their inability to pay for such service. These patients were treated by the junior members of the General Staff, who, of course, were paid a salary from the General Fund. This brings me to another factor of the new system, which proposition appeared revolutionary when first advocated, but which afterward proved entirely practicable and satisfactory. At the close of each day a statement was prepared by each of the Physicians' Offices in each district of the work done during the day, the fees collected and the fees charged to individual accounts. This statement was forwarded to the Collection Department at the Central Building, where all accounts were kept by the Association's book-keepers. All fees were paid into a common fund in charge of the Board of Control. At the end of the first year the total of this common fund was divided by the total number of physicians in service, after first deducting the expenses of the Central Building, including the salaries of clerks and book-keepers, and collection agents. Five per cent. was set aside to form the nucleus of a Pension Fund.

It was very gratifying to the Board of Control to be able to announce at the end of the first year that the average annual salary for each physician amounted to over $5,000. The salaries were graduated according to years of service, the juniors earning less than $5,000 and the seniors more. The operating expenses of each of the Physicians' Offices in each district were divided equally and paid from the salaries of each of the corps of physicians attached to each office. The operating expenses included, besides rent, etc., janitor and clerks' salaries, cost and maintenance of autos and expense of chauffeurs.

The adoption of this plan of systematized medical service met with certain obstacles, as might be expected. The question of limiting the number of licensed graduates was one. When it was remembered, however, that the State Board of Medical Examiners had the legal right to raise their standard so that only the required number to fill vacancies were licensed to practice in this State, the apparent difficulty was readily overcome.

Incidentally it may be mentioned that the State Board of Medical Examiners were paid a fixed salary for their services which was found to be generally more satisfactory than to compensate them through fees received from candidates for license.

A moment ago I mentioned that in the beginning 5 per cent. of the Common Fund was set aside annually to form a Pension Fund. It was part of the general plan of systematized Medical Service that each physician after 25 years of medical or surgical service should be retired on a pension amounting to one-half of his salary at the time of his retirement. It was argued with reason that this was only a well-earned and just reward to men who daily jeopardized their health and their lives in attending the stricken and helpless and those suffering from contagious diseases.

It was supposed at the beginning of this new period of the life of the body medical that there might be a conflict in the method of treatment if more than one physician had to attend to a given case. The new plan was objected to by some of the laity because the so-called family physician, as such, became a thing of the past. The time had arrived, however, when the confidence and respect given to the old time family physician had in a large measure ceased to exist. This was proven by the avidity with which apparently educated and intelligent people flocked over to the exponents of the drugless schools. The bald fact became painfully evident, particularly to the older physicians, that as a rule the family physician only remained the family physician so long as he was able to give the family the service which they considered satisfactory.

Regarding the anticipated conflict between physicians of the same corps attending the same patients, it should be said at once that this objection did not materialize. A general plan of treatment for the more common diseased conditions was adopted by the Board of Control and this plan was followed by each physician, the dosage, governed by age, general condition and idiosyncracy, being at the discretion of the physician.

An example of the operation of the new plan might be given. A call was received at 9 A. M. to visit a patient at a given address. One of the physicians on service that morning makes the visit. The patient is found to be in the first stage of pneumonia. A history of the case is written on the bedside chart, the diagnosis, likewise the treatment, is recorded. This patient has to be seen again in the afternoon. Could there be any objection to another physician seeing the case on the second visit? He sees the result of the first physician's examination and observation as given on the chart, as well as the treatment prescribed, and if any change in the patient's condition requires a change in treatment, the change is made and duly recorded. This same case we will say has to be seen again in the evening. Physician No. 3 makes the visit. He finds the patient responding to the treatment prescribed by Physician No. 1 and 2 and continues the treatment, record of which is made on the chart. The patient is seen by Physician No. 1 again the following day. Our patient under the new plan has had the advantage of being observed and being examined by three physicians at a cost to him of the regular fee for each visit. It can be readily understood that Physician No. 1 might have made an error in his diagnosis, and, therefore, his treatment, but it is not likely that the patient would be seen by two other physicians without the error being corrected. And therein lay the decided advantage to the laity of Systematized Medical Service.

It means better service, fewer errors of diagnosis and treatment. Physicians had time to rest, recuperate and study, and were therefore in the best mental and physical condition to give their patients the best medical service that was possible. The frequent attendance of several physicians on the same case, and the opportunity afforded to observe the finding of the other physicians in each particular case led to an improved average standard of medical service. Patients who required special treatment other than drugs, for example, brachial neuritis, sciatica and subacute arthritis, were referred at once to the Central Building, where treatment with physical apparatus was instituted and the patients cured, where, heretofore, the physician, through reasons best known to himself, had continued to drug his patients long after he well knew that such treatment was useless.

The same advantage to the laity applied to patients requiring special treatment in other departments, as skin, orthopedics, pediatrics, nervous diseases, eye, ear, nose and throat, etc. Respect and confidence of the patient took the place of doubt and hesitancy when he realized that under the new system he would be placed in line at once to receive the best treatment which medical science at that time was able to give.

The new order was described as a Boon to Humanity. The unsatisfactory medical service that had been rendered previously, in some cases good, in others bad, or indifferent, was banished at one stroke, and with it needless suffering and the sacrifice of human life due to incompetent medical care.

The temptation to construe an intestinal colic into an appendicitis, on account of the attractive fee attached to the surgical procedure, or the necessity of stretching an elastic conscience into seeing a diphtheria when a follicular tonsillitis existed in order to pad the bill, was no longer excusable, and patients were contented and thankful—in knowing that they would get the "square deal."

The aggregation of individual units in all lines of business had become a necessity in order to obtain the greatest economy in operating expenses. Why should not similar methods of economy be applied to medical service. Under the new regime the economy in the number of autos required meant an immense saving to the profession. Where previously every physician to the number of 130 or more had each required a vehicle for his own use, under the new system fifty autos answered every purpose. The total number of Physicians' Offices required was twelve, exclusive of the Central Building. Think of the economy this meant where previously there had been the cost of maintenance of 130 offices or more.

The matter of collections, that great source of worry and annoyance at one time to physicians, was controlled and managed entirely by the Collection Department. A law was passed giving us the right to levy on the wages of a patient for a medical

bill after first obtaining a judgment against him in the court. It was rightly held by the State that the period during which a man was sick and unable to labor meant a loss not only to his family but to the State as well, through his incapacity as a producer. The State claimed, therefore, that, it being a necessity that he should have proper medical attention, the expense of this service should be considered as a tax on his income.

The great advantage to physicians of a systematized Collection Department was soon apparent. Losses from unpaid accounts were cut to a minimum, and while the fees were not increased, the total income for each physician was relatively much greater than it had been previously.

Time will not permit me to dilate sufficiently on the advantage to the public of systematized Medical Service. The element of uncertainty and doubt on the part of the laity when seeking medical advice was removed. While the question was asked formerly, when in physical distress, by one person of another, "Who shall I go to?" "Who would you advise me to try?" "Do you think an osteopath is good for my ailment or should I go to a regular doctor?" The question now is, Where are the Physicians' Offices in this district? Your patient knows that if his ailment cannot be treated successfully by the General Physician, no time will be lost, because he will be referred at once to the Special Physician, whose expert knowledge of his condition will produce the quickest results. The excuse for quackery and charlatanism ceased to exist. The influence and power of a united medical organization in shaping legislation, in correcting social evils, in breaking corrupt officials, and in strengthening the arm of the righteous gave to it a potent force which compelled recognition and respect in every community.

THERAPEUTICS OF COPPER.*

By G. Wyckoff Cummins, M. D., Ph. D.
Belvidere, N. J.

As a therapeutic agent copper is not appreciated at its true worth—as the most efficient remedy at our disposal for the treatment of a whole group of diseases, some of which occasionally give us much concern. Copper owes its medicinal desirability to a remarkable selective action. It is highly poisonous to the lower forms of plant life and has very few undesirable effects on the higher forms of either plant or animal life. For this reason Bordeaux mixture, a copper preparation, is the most efficient remedy for the various leaf blights, leaf spots and mildews that effect potatoes, tomatoes, strawberries and other plants. It kills the parasitic fungus and does not injure the host. For this reason, too, copper sulphate is used in a dilution of 1 to 50,000,000 to kill the algæ that foul our beds of watercress and in a dilution of 1 to 5,000,000 to kill those algæ that render unfit for use the water of reservoirs and ponds.

When in the wire mills at Trenton, N. J., in 1889, I ran across the interesting observation that an epidemic of Asiatic cholera at Trenton some years previously had attacked all the employees of the mill excepting those working in the cleaning-room. No one had any acceptable explanation to offer for their escape. There was certainly something about that one department that rendered those in it immune to Asiatic cholera. The only things in this department that were not elsewhere in the mill were sulphuric acid, hydrogen gas, white-wash and copper sulphate. I reasoned that what would cure or prevent Asiatic cholera might have a similar effect on typhoid fever, dysentery, cholera nostra, cholera infantum and diarrhœa. Throwing out of consideration the lime and hydrogen as possible curative agents, that left the sulphuric acid and the copper sulphate solution as the only possible causes of the immunity to Asiatic cholera. For some years I was inclined to think that the sulphuric acid had a good deal to do with it and I still think that sulphuric acid lemonade is of great service in choleraic diseases, especially as a prophylactic.

When it came to a consideration of copper as the possible cause of immunity to cholera I found no literature bearing on it, although copper arsenite had been used for some years in diarrhœal diseases and copper sulphate had been recommended as an astringent in similar diseases, but not as a specific. The arsenite contains too much arsenic to permit the use of enough copper to produce its full beneficial effect without introducing an unnecessary danger in the treatment.

For some years I made use of both sulphuric acid lemonade and of copper sulphate in these diseases. I used the sulphate at the rate of 1 grain in 24 hours given in

* Read before the Warren County Medical Society, March, 28th, 1912.

about 20 doses. Later I came to depend on the copper sulphate almost entirely in conjunction with zinc sulphocarbolate. This made it desirable to have copper in the form of a sulphocarbolate, too, and so I had some tablet triturates made containing 1 grain each of copper sulphocarbolate. These proved so satisfactory that all other salts of copper were discarded. As a routine treatment I add one of these to a four-ounce mixture and give a teaspoonful every hour, making 1-24th of a grain to a dose. The only limit to the amount that way be given is nausea, and this dosage approaches that limit especially with children. To a large man I have given two grains per day with no bad effects on the stomach and have frequently taken myself daily doses of one grain in solution as a prophylactic, and for seven years have drunk in the summer time almost exclusively water that has stood for some hours in a copper tank.

There need be no fear of poisonous effect from copper, first, because large doses will not be retained, and, second, because experiments on dogs have shown that even large doses produce no harmful effects. Most of the cases of poisoning by copper salts are attributable to the arsenic in the compound that is usually responsible for such poisoning, viz., Paris green. Contrary to even recent beliefs, there is no danger of a serious chronic copper poisoning to those who work in it and who ingest indefinite quantities of the metal or of its salts. There does not exist a single authentic case of copper poisoning from the internal administration of copper. The only poisonous effects I have ever seen attributable to copper appeared as a pustular eruption from the external irritation of finely divided copper. This is frequently seen among workers in copper and appears especially around the privates. Filehne asserts that the ingestion of copper in proteid combination would produce no poisonous effects even if given to the extent of 7½ grains of copper per day to an adult. Kobart has shown that an average man can take 1 grain of copper per day with safety. This is an amount far greater than would ever be needed to kill, for instance, the germs of typhoid fever, which are killed in less than four hours in a solution containing only 1 part in 1 million of copper which is about 1 grain to 150 pounds. As copper begins to be excreted only at the end of 36 hours, it is seen that when giving it at the rate of 1 grain a day there are present in the body in 36 hours 1 part in about 700,000, or far more than enough to render inert typhoid and colon bacilli.

Experiments made by Dr. Henry Kraemer, of Philadelphia, shows that water in contact with metallic copper absorbs quickly enough copper to kill typhoid and colon bacilli in less than four hours. The Chinese have unknowingly used this principle in the purification of their drinking water for many centuries. The water in China is very apt to be polluted, but a fixture of the Chinese household is the water tank of copper. It is said to be impossible to induce a native to part with his water tank, as he claims it will bring bad luck in the shape of sickness. In the light of the bactericidal powers of water contained in a copper tank it can readily be seen whence the bad luck arises from water used without being first thus exposed to the action of copper.

Copper is a normal constituent of the human body to the extent of 40 or 50 parts in 1,000,000. Possibly our tolerance of it is due to our association with it for thousands of years in the shape of copper, bronze and brass cooking utensils which yield considerable quantities of copper to the food prepared in them. But, alack and alas! in these latter days we get our copper in a can of peas, pickles or beans to which the wily manufacturer has added 3 grains of copper sulphate for the purpose of provoking our admiration of the life-like color obtained.

The effect of 1-24 grain per hour of copper sulphocarbolate on choleraic diseases is simply marvelous; all of the serious symptoms abate in a few hours; cases that you feel sure are going to by typhoid fever are convalescent in a few days. Of course, you never know that these cases would go on to be typical typhoid cases, but a few statistics will render the supposition reasonable. In my first ten years of practice in Belvidere, N. J., I had 26 cases of typhoid fever. In the next ten years, under the copper treatment of all diarrhœas, I have had but four cases of typhoid, and of these, three had developed before the copper sulphocarbolate could be used. When using the copper nothing is used to control and diarrhœa directly unless it seems to be too debilitating. Then a little camphorated tincture of opium is added and perhaps some cinnamon, as this seems to have a beneficial action directed especially to an inflamed colon. I have prescribed copper sulphocarbolate (or, if you prefer, copper phenosulphonate) over 900 times in all forms of choleraic and diarrhœal diseases

with uniform success and satisfaction. Several cases of chronic diarrhœa of many years' duration have yielded to it like magic. Many cases of intestinal autotoxæmia have been benefited by it in conjunction with other remedies. The same may be said of fermentative indigestion. I believe its greatest usefulness is in the prevention of all of these diseases, the most important of which with us is, of course, typhoid fever. By disinfecting the typhoid carrier, it ought to enable us eventually to get rid of the disease entirely. I am sure you will not be disappointed in the use of copper sulphocarbolate in diarrhœal and choleraic diseases.

I am in correspondence with a medical missionary in India from whom are expected favorable reports concerning the use of copper in the treatment of Asiatic cholera.

Clinical Reports.

Foreign Body in Esophagus.

Dr. Charles Gilmore Kerley, at the February 8th meeting of the N. Y. Academy of Medicine, reported the case of a child six years of age who swallowed a watch. The watch lodged at about the level of the cricoid cartilege. It was removed by Dr. Robert Abbe with the use of a coin catcher. A skiograph was presented showing the watch in position in the esophagus.

Mercurial Necrosis of the Jaws.

Dr. H. Rocher, in the Jour. de Medicine, Bordeaux, reports the following:

A little girl of 5 had been burnt on the buttocks and the extensive burnt area was treated with a salve containing 0.1 per cent. mercuric chlorid, 1 per cent. iodoform and 3 per cent. iodol. Mercurial stomatitis appeared in two months and progressed to necrosis of large parts of both jaws on the right side.

Tardy Extraction of Bullet in Brain.

Dr. S. Banzet, in Revue de Chirurgie, Paris, discusses the methods of treating gunshot wounds of the head, agreeing with Guinard that "the bullet is nothing; the route it has traveled is everything." The management of the case immediately after the accident is different from what is indicated when the operation is done months later. The most common mental symptom—when such exists—of a bullet within the skull seems to be loss of memory or modification of the character, inability to consentrate the attention—the brain has been impoverished by the traumatism, as Esquirol puts it, even when the patient seems to be tolerating it without harm.

In a personal case he describes, a girl of 17 fired a bullet into her right temple and left hemiplegia followed, but subsided entirely in six weeks. After healing of the wound which had suppurated she had no further symptoms except occasional headaches in the left side. Four months after the accident the bullet was located by radioscopy, applied by an ingenius device described in detail, and was extracted from the left side, being found at a depth of over 3cm. in the upper part of the temporal lobe. Recovery was prompt and complete except that the patient developed pure verbal deafness, that is, not accompanied by any other form of aphasia. The verbal deafness gradually subsided and the girl at present, nearly nine months later, shows no trace of disturbance from her injury or the operation.

Congenital Imperforate Anus, With Occlusion of Entire Colon.

By C. H. Hamilton, M. D., of Sugar Grove, O., in the A. M. A. Journal:

The patient was a male infant, born October 13, 1911. The parents are healthy, but father is 71 years old, and mother 36. The patient was the second child born to this couple. The other child, aged 5, is healthy but is backward and otherwise defective mentally. In the case under consideration labor was normal, with the exception of some dystocia due to enormously distended abdomen due to gas. It was found that no opening existed between the anal aperture and the rectum. This was punctured and the opening dilated, partially relieving the distention. The child lived four days; it took very little nourishment, but there was no vomiting. The distention remained throughout. Autopsy revealed that while the small intestines were normal, the colon was undeveloped, being about 1 cm. in diameter, and was constricted at intervals of about 8 cm. throughout its entire course.

Slow Pulse and Rupture of the Liver.

Dr. H. Finsterer, in Wiener klin. Woch., Vienna, states that a woman of 46 had a pulse of 76 forty-five minutes after an abdominal contusion and it gradually dropped to 54 but kept all the time full and strong. The pain gradually spread over the entire abdomen and the lower segment of the rectus muscles became rigid, with other signs of internal hemorrhage. The pulse gradually rose to 80 and the abdomen was opened four hours after the accident. A tear was found extending through the entire liver. Recovery was prompt and without mishap. Finsterer encountered in another case this remarkable slowing of the pulse with hemorrhage of the liver, and his experiments on animals confirmed its diagnostic value, although it is a comparatively transient phenomenon. The experiences to date suggest that rupture of the liver with bradycardia has a better prognosis than with a rapid pulse from the start; this latter indicates profuse hemorrhage and requires immediate intervention.

Acute Intestinal Obstruction.

Dr. E. Gillespie, in the Lancet, London, reports the case of a patient, aged 10, who complained of abdominal pain localized round the umbilicus. He also vomited. The pain and the vomiting continued until admission, the latter becoming more frequent. Six days after the onset of the trouble the patient had fecal vomiting. The chest showed nothing abnormal. The abdomen was distended. Coils of intes-

tine could be seen showing through the abdominal wall, and giving the step-ladder appearance of small intestine obstruction. The abdomen felt tense, but had not the rigidity of an inflammatory lesion. There was no localized tenderness on palpation. The movements with respiration were deficient. The percussion note all over was resonant. Rectal examination revealed a distended empty rectum; nothing abnormal was felt in the pelvis.

The abdomen was opened. Coils of distended and congested small intestine at once showed. On introduction the examining hand could feel a loop of intestine tightly constricted by a band. The portion of intestine was isolated and brought to the surface. The strangled loop was found to be about 18 inches of the ileum close to its lower end. The band was also a piece of intestine, stretched, and thined out. Further search showed that it was the appendix vermiformis. It had encircled the loop, passing at first over and in front of it, then downward behind. Finally, the tip appeared round the lower border and gained an attachment in front of the mesentery close to its junction with the gut. In addition the loop of intestine was rotated through about 90 degrees from right to left of the patient on an axis lying in the length of the mesentery and at right angles to the intestine. The appendix was freed and found to have a recent perforation close to the tip. The perforation had been sealed for the time being by the attachment to the mesentery. The patient died on the following day.

Strangulation of Undescended Testes.

Dr. Charles E. Farr, at a meeting of the New York Academy of Medicine, held April 12, 1912, presentel a baby, seven months old, which was to illustrate his paper. Three days before admission to the hospital the patient vomited and cried and seemed to be in pain. Two days before admission a swelling in the left groin was found. The bowels moved. The pain became so intense the child lay with its legs drawn up. A diagnosis was made of a strangulated bubonocele because of the swelling in the groin. When in the hospital a diagnosis was made of bubonocele and lymphadenitis. The diagnosis, however, was uncertain. When the child was anesthetized they found that the testes did not come down and they made a guess diagnosis of strangulation of the testes. When an incision was made they found the swelling inside the canal and extending outside the ring. There free fluid and the testes were found at the bottm of the vas completely twisted to 360 degrees. When the testicle was untwisted the color did not at once return. The child was now in perfect health.

(For abstract of Dr. Farr's paper, see Medical Record, May 18th, page 965.—Editor.)

A Rare Injury to the Penis.

Dr. Merkens, in Deutsche Zeitschrift fur Shirurgie, reports that while a laborer was standing outside of an open shed door with the penis in the crack of the door for the purpose of urinating, his right foot slipped so that the knee struck against the door, closing it, and in this manner catching the penis. He endeavored to free himself by pulling, but succeeded only on opening the door. Upon admission to the hospital the organ was flaccid and 20 centimeters in length. The peripheral half was swollen and bluish-red. There was complete retention of urine. An incision was made near the root of the organ in order to introduce a catheter. It was found that at the middle of the organ the corpora cavernosa and urethra were completely divided, only the skin holding, the cavity being filled with blood. An effort was made to preserve the peripheral portion, but after five days it had to be amputated on account of gangrene.

Foreign Body in Intestine.

Reported by Dr. W. C. Woodward at meeting of King County (Wash.) Medical Society, March, 1912:

A woman, 28 years of age, single, who five years before had been seriously injured in a runaway accident. Intestines were sutured at that time. Six months later tubes and ovaries removed. Six months following this operation a third was done for a large umbilical hernia. One year ago she complained of severe abdominal pain with nausea and vomiting. A small round mass was felt below the umbilicus and freely movable. On opening the abdomen a large, firm, horseshoe-shaped mass was felt with a consistency of tea lead. Intestines were opened and the mass delivered which was found to be a sponge. Recovery was uneventful.

Stricture of the Splenic Flexure.

Reported at same meeting as the above case, by Dr. F. L. Horsfall:

The case of a man, 29 years old, who was kicked in the abdomen at 23 years of age. When he came under observation there was a pain in the left upper quadrant of the abdomen normal pulse and temperature. A mass the size of a fetal head occupied the position of the splenic flexure. Radiograph showed a small pouch just below the splenic flexure. At operation the omentum was found constricting the bowel at this point. Adhesions were broken up and the patient made an uneventful recovery.

Multiple Diverticula of Ileum.

Reported by F. E. Walker, M. D., Hot Springs, S. Dak., in the A. M. A. Jour., April 20.

Patient.—A girl, aged 11, was brougt to the hospital February 11, 1912, suffering from typhoid. Five days after admission she complained of pain in the appendiceal zone and within ten hours the pain was so marked as to signify an intense infection and inflammation having all the appearance of an oncoming rupture. The pulse and temperature rose steadily, the thermometer registering 106 F.; the pulse was 164. Vomiting set in and was profuse.

Operation.—An incision of liberal length was made along the outer border of the rectus muscles. A large amount of straw-colored fluid was released and a portion of the omentum, completely free from any adhesions, presented itself in the opening. The cecum was almost rigid and the appendix not visible. A large semi-solid and irregular-shaped mass was felt about two inches from the ileocecal valve; it consisted of the appendix, greatly enlarged and inflamed and firmly adherent to the under-surface of the ileum and to one small and one large diverticulum of the ileum. A third diverticulum was in close proximity to the tip of the appendix

but not attached in any manner thereto. The large diverticulum was filled with a fecal mass as large as a man's thumb. The tip of the appendix carried three small concretions. The base of the appendix was slightly gangrenous, the body and tip very much injected and blood-vessels stood out prominently. Appendix was removed and stump cauterized. The small diverticulum was pursed into the bowel, while the other two pouches were removed, inverted and sutured over as in an enterostomy.

Post-operative History.—All symptoms rapidly subsided after the operation; the wound healed nicely, although the typhoid condition ran its usual course, and the patient finally recovered sufficiently to return to her home. I have never seen in practice or in the literature a similar case. It is not uncommon to run across a diverticulum in abdominal work but I believe it unusual to see a multiple condition.

Reports from County Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Holmhurst on Friday evening, May 10th, with the president, Dr. D. A. Berner, in the chair.

About thirty-five members and several guests were present. On motion of Dr. Stewart, a committee was appointed to co-operate with a similar committee from the Philadelphia County Medical Society to assist in providing entertainment for the body of German physicians who will visit the United States in September.

A motion to disapprove of an ordinance recently introduced in council having for its object the construction of a concrete Boardwalk, was passed unanimously.

Dr. W. J. Carrington reported a case of heart block and exhibited the patient.

Dr. Jay I. Durand reported a case of typhoid fever in which serum was used and the course of the disease was materially lessened.

Dr. W. E. Darnall reported a case of ectopic gestation and exhibited the specimen.

The guest of the evening, Dr. Elwood Kirby, of Philadelphia, read a paper on "Genito-Urinary Diseases." The discussion was opened by Dr. A. Wiese Hammer, of Philadelphia, and continued by several members and guests.

The Committee of Arrangements for the American Medical Association reported that all arrangements were completed and that a larger attendance than usual was expected.

Dr. W. L. Bullock, of Atlantic City, was elected to active membership.

No other regular meetings of the society will be held until September.

After adjournment the usual repast was served in the grill room of the hotel.

BERGEN COUNTY.

Fred S. Hallett, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, May 14, at 8:15 P. M. In the absence of the president, Dr. Max Wyler was elected chairman. Fourteen members were present.

The following names were added to our membership list on election: Dr. Norman Scott, Garrison, Rutherford; Dr. Edward P. Essertier, Hackensack; Dr. Hugh E. Burbank, Lyndhurst.

No scientific program had been provided and the society adjourned after a pleasant social session.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

Of the recent medical meetings one deserves special mention—that of the Academy of Medicine of Northern New Jersey, on May 15th, when the president, Dr. Edward J. Ill, delivered the annual address. His subject was "Glimpses of Pictorial History of Medicine," illustrated with lantern slides on notable or important things in the history of medicine. In our strenuous hunt for the new, though inspired by wonderful discoveries and inventions in our age of Bacteriology, Asepsis and Anesthesia, it is well to be reminded of the valuable knowledge handed down to us in history and that there is much instruction in the observations of the ancients.

The Pathological and Anatomical Society held their last meeting of the season on May 9th. The following program was presented:

1. Demonstration of specimens showing gastric ulcer and carcinomata, Dr. Staehlin.
2. Demonstration of an interesting tumor of the tongue, papilloma, Dr. Wallhauser.
3. Acute lymphatic leukemia (448,000 lymphocytes), Dr. Leyenberger.
4. Tuberculosis of the cervical lymph glands in early childhood, with report of cases, Dr. Mockridge.
5. Double tubal pregnancy, report of a case, Dr. Charles Ill.
6. Gliosarcoma of the right tempero-sphenoidal lobe invading the frontal lobe and the optic chiasm, Dr. Eagleton.
7. Monster with unilateral and genital deformitus. (1) An unusual head injury. (2) Perforated duodenal ulcer, Dr. Berardinelli.
8. Paper, The Importance and Technique of the Examination of the Cerebro-Spinal Fluid; discussion opened by Drs. Eagleton and Beling; Dr. Martland.

The presentation of unannounced specimens is invited at all meetings.

The thirtieth annual meeting of the Widows' and Orphans' Relief Society was held in Newark on May 8th. A very gratifying report on the condition of the funds was made, the permanent fund amounting now to over $12,000. The membership numbers 391. A fuller account will be found under its own title.

The work done in Newark, under the Board of Health, in treating rabies, merits mention and the attention of every practitioner who may ever have to handle a case of "mad dog" and its victims. I am glad to forward a special article on the treatment of this dread disease; also another on the history of bygone medical societies in New Jersey.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

During some time past, the seggregation and care of those suffering with tuberculosis has been a question that has been discussed carefully and zealously throughout Morris County.

At the annual meeting of the Morris County

Medical Society in 1911, Dr. H. A. Henriques and Dr. Clifford Mills referred to their efforts to procure aid from the public at large if the freeholders did not wish to do anything in this matter or felt that it would be too burdensome for the individual taxpayer.

During the session of the New Jersey Legislature, 1911-1912, a law was enacted, making it incumbent on every Board of Freeholders to make provision for the care of the tubercular in their county.

The Board of Freeholders of Morris County, acting with the advice and after consultation with the physicians of Morris County who are leaders in the county medical society, have wisely and magnanimously taken initial steps for the purchase of a site and the erection of a hospital for the care and education of those suffering from "the White Plague."

Father Felix O'Neill, the parochial priest of the parish at Morris Plains, three miles distant from the proposed location, is taking the leading part in opposition to its establishment. Property holders nearer have shown little or no objection, realizing that there is little danger of infection from patients properly cared for.

The property selected is in close proximity to the almshouse, which is felt by many taxpayers to be a recommendation rather than an objection, as the administrative duties can be conjoined temporarily with saving to the county.

Father O'Neill has been instrumental in calling several massmeetings in opposition to locating a tubercular hospital at the site proposed. The chief objection advanced is that property values near such an institution would depreciate. Even if this was so, and it has been proven otherwise by experience, it was apparent that the thought of Christian charity in the matter of caring for the poor sick, the principle of the brotherhood of man and a broad-minded charity, were pushed to the background.

The residents of Morris Plains do not mind a hospital being established in some other part of the county, but feel too important religiously, physically and socially to have it in their immediate neighborhood. It almost looks as if they wished to change the Golden Rule to read: We don't want anything like this ourselves, but if we can we will make somebody else take it, even though it may not be as beneficial to those that need it or to those in the region.

At one of the meetings the proposition was made, That we do not vote for any freeholder that votes for this measure and do not employ any physician whom we know (or whom we hear speak out) is in favor of it. This resolution, however, was defeated.

At the same time attacks were made on the New Jersey State Hospital at Morris Plains which property holders who have bought their estates since the opening of the hospital claimed was a source of detriment and injury to the sale of such estates and these attacks were in nearly every instance by people whom it is likely would not be living in Morris Plains if no State hospital had been established.

PASSAIC COUNTY.

The monthly meeting of the Passaic Section of the Passaic County Medical Society was held in Smith Academy, on April 11, 1912. Dr. W. N. Berkeley gave a talk on the use of his new antiserum for cancer. He said that the idea of a scientific cure for cancer had possessed the minds of the medical fraternity for years. It is a fatal disease. It is increasing not only in the civilized world, but among the aborigines.

Its cure is still far from solution. However, everything told you to-night will be facts, based on definite experimental evidence. The remedy ought to be a scientific remedy, not an empirical or accidental one. Yet scientific remedies are not always a success. For instance, diphtheria antitoxin can only be used with success on the first, second and third day of the disease and with doubtful success on the fourth or fifth day, and with no success on the seventh or eighth day, or later. You can use all the antitoxin you want; it will not work, due to the extent of the disease. The same is true in syphilis, mercury and salvarsan being used without success. Tabes cannot be helped. We find that in some countries where malaria prevails, there are severe cases of æstivo-autumnal malaria that cannot be helped by quinine, and are fatal. Thus you see it is not fair to ask for a cure-all. The treatment of cancer, during the last fifteen years, has undergone several stages: (1) Chaulmugra oil; (2) Radium; (3) X-ray; (4) Fulguration; (5) Many less authoritative remedies, exploited in the newspapers and medical journals.

There are very few dangerous cancers that can be removed by local treatment, or by the knife, because of metatastic involvement of inaccessible parts or organs. Therefore, a scientific remedy must get at all the lesions; it must be soluble in the blood, and when sent through the lymph, have a selective affinity for the cells to be destroyed. Starting with this idea, we may ask, What is the chemistry of cancer? We do not know; but the cure may be very near solution. The remedy may be in the vegetable, or outside world, which can kill the neuclei of the cancer cell. Wassermann and Ehrlich have used an eosin-selenium, or an eosin-tellurium compound which, injected into the veins of a mouse, have caused the disappearance of mouse tumors. They have never tried it on human beings. Otto Kiliani, of New York, has several specimens of mouse tumors treated by the eosin method. We must now look at the immunity side of the question. Diphtheria antitoxin may be given and produce immunity. Tetanus antitoxin, if given on the first or second day after the injury, prevents occurrence. There is also an immunity in some cases developed in the body. Years ago Dr. Hodenpyl had a patient who had a cancer of the breast, which had been operated upon but recurred, she became cachectic, but suddenly for no apparent reason she began to gain weight, got ascitis and had to be tapped frequently. This suggested to Dr. Hodenpyl that the patient must have developed an antibody in the body. Fifteen hundred c.c. of this ascitis fluid was injected into patients and several recurrent breast cases got well; also some rectal cases. Some 40 or 50 cases were not affected.

We believe that this exudate of the patient developed an antibody to the cancer cell, that the chromatin in the cells was dissolved and the cancer cured for a time. All these cases treated by Dr. Hodenpyl relapsed.

We believe that with our new cancer serum we have found out that a serum can be made which will dissolve cancer cells. An extract is made of the cancer, dried, put away in the ice

box and later given in increasing doses to rabbits or lambs. One injection is given each week, and after the sixth or seventh week the animal is bled and the blood filtered. The standard dose is 5 c.c. This, when given in increasing doses to patients, will cause disappearance of cancer and the tumor disappears. No extract can be made from a given specimen unless it contains 4 or 5 ounces of tumor. Usually the first dose of the serum is 5 c.c. under skin; then after a day or two 10 c.c. under the skin, and finally 15 c.c. to 20 c.c. into vein. Autogenous serum is the best to use. This serum is, of course, limited to patients who can be operated. We have had cases treated with no recurrence for one year, some six months, some three months, but, of course, after a lapse of two or three years, when we get a collection of 100 to 200 cases we can tell more about the value of the serum and see if they stay surgically cured. Halstead says that after his operations one-third of the cases of cancers do not recur.

We believe that, for small cancers and cases of early recurrence, we have a cure; or that if the surgeon can, in cases where there is a large tumor with cachexia, etc., remove seven-eighths of the tumor, we can dissolve the rest of it. It takes five weeks to make the serum. We are using stock serum on all kinds of cases. I will tell you about two of our cases.

Case 1.—Woman, age 40, had bloody discharge from uterus, ichorous in character, lost twenty pounds; diagnosis, cancer; she refused operation. She went away for six months and returned with pain in back, dysuria, had to urinate every ten minutes. Patient operated, uterus removed. After operation, no improvement in bladder condition; no relief obtained by heroic doses of morphine urotropine and all drugs failed. Cystoscopic examination showed a secondary cancer of bladder. Five c.c. of the serum was used on Monday, 10 c.c. the following Friday; these doses were given under the skin; and on the next Thursday 15 c.c. into a vein. The first day felt relieved, two days greatly improved; she became perfectly well, and in eight months gained 20 pounds. Cystoscopic showed bladder condition had disappeared.

Case 2.—Woman, aged 42, maiden lady, had tumor of left breast, removed twelve years ago, told it was not malignant; however, an extensive operation was performed. Last year close to scar a small module developed, treated with caustic, gradually broke down and became as large as the palm of the hand. After six injections was healed except the size of a half penny. A section of this area was taken and proved to be cancer. We are compelled to make microscopical examination of our cases, because if we do not skeptics say they were not cancer. Now what are the evil effects of the use of serum? None as soon as we can waste it.

Be heating from 50 to 60 degrees centigrade we can get away from the bad effects. In the preparation of diphtheria antitoxin seventy per cent. is wasted. And as we usually get only a few grains of the extract out of a given specimen we cannot waste it. The bad effects are first vasomotor disturbances, patient gets chilly, has severe chill, may be followed by a temperature of 104 degrees. Normal serum may have same effect; second, may get hot, become red as a lobster from head to foot, respiration labored, heart not affected. This redness soon disappears. The preliminary injection sometimes causes urticaria, tenderness, swelling for four to ten days; the highest fever we have seen is 104 degrees, duration three days. The ideal treatment is early removal, use of stock serum; but if you can get autogenous serum, it is best. Stock serum from breast cases has been used with success in cases of œsphiagus and mouth.

This paper was discussed by Drs. W. B. Johnson, Brevort and J. A. Maclay. In closing the discussion, Dr. Berkeley said that the Rockefeller Foundation was paying the cost of the experiments and that the costs were heavy. However, they would give the serum free to those who could not pay, or they would take one dollar or as much as any could give. Dr. Berkeley said any specimen sent him after operation should reach him within twelve hours. They should have no preparation, but be wrapped in sterile gauze. He said that after twelve hours he could only get half as much neuclei proteid from the tumor.

The meeting then adjourned.

(The report of the meeting of County Society held May 14th came just as this issue was ready for the press. It will appear next month. Hereafter papers read will not be given in the report, but will be published among the others under Original Articles, except were short abstracts only are given.—Editor.)

OCEAN COUNTY.

Ralph R. Jones, M. D., Reporter.

The Ocean County Medical Society met at the office of Dr. A. M. Heron, Lakewood, May 9, 1912, at 4 P. M. The minutes of the regular fall meeting were read and approved. Dr. Eugene G. Herbener was elected a member of the society. Dr. William H. Iszard, councilor for the fourth district, was present and addressed the members.

SALEM COUNTY.

Henry Chavanne, M. D., Secretary.

At the annual meeting of the Salem County Medical Society held May 1st., Dr. William T. Hilliard was elected president, Dr. Emerson P. McGeorge, vice-president; Henry Chavanne, secretary and treasurer, and John F. Smith, reporter.

Drs. William H. James, Emerson P. McGeorge and R. M. A. Davis, censors. William H. Carpenter was chosen to represent the society as annual delegate to the State Society meeting.

Mr. William H. Chew, of the State Board of Health, addressed the society by request. His topic, "The Physicians as Leaders of the Layman's Opinion Regarding Health Laws and the Duties and Service of Boards of Health to the Public." In the opinion of the undersigned, Mr. Chew would be a good number to the "Public Lecture Plan." This suggestion expresses the character of his remarks. Mr. Chew permitted the escape of several trite but true expressions indicating the value of laymen as members of Boards of Health for their practical perceptions.

Dr. Clarence P. Franklin, always interesting, followed, and told us some things about the

Pennsylvania State and Philadelphia Board of Health, especially complimenting Dr. Dixon.

The attendance was good, and l'esprit de corps in keeping.

SUSSEX COUNTY.

H. D. Van Gaasbeek, M. D., Reporter.

The eighty-third annual meeting of the Sussex County Medical Society was held in the Cochran House, Newton, on Tuesday, May 14. In the absence of the president, Dr. E. A. Ayres, the vice-president, presided.

Dr. T. N. Gray, the councilor for this district, was present, as was Dr. W. J. Chandler, secretary of the State Society.

Dr. T. R. Pooley, Jr., of Newton, reported a case of mastoiditis operated by him and exhibited the case to the society. The case was unique in that a few days after the operation he presented symptoms as follows: Chills and fever followed by sweating, recurring at irregular intervals, which led him to suspect sepsis, but, on examination of blood, full-grown malarial parasites were found, and the symptoms yielded to full doses of quinine. This case gave rise to a very interesting discussion, which was participated in by all present.

An essay was read by Dr. H. E. Riddell, of Branchville; subject, "Headache." The paper was very interesting and fully discussed.

Drs. B. Cole and T. R. Pooley, Jr., were elected active members and Dr. T. R. Pooley, Sr., honorary member.

Reports were given by the annual delegate and your reporter. A commission on certified milk was appointed, consisting of the following members: Dr. Ayres, Branchville; Dr. Van Gaasbeek, Sussex; Dr. Dunning, Franklin Furnace; Dr. Coleman, Hamburg, and Dr. Cole, Newton.

The following officers and delegates were elected: President, Dr. E. A. Ayres, Branchville; vice-president, Dr. B. Cole, Newton; secretary, Dr. F. P. Wilbur, Franklin Furnace; treasurer, Dr. E. Morrison, Newton; reporter, Dr. H. D. Van Gaasbeek, Sussex; essayist, Dr. T. R. Pooley, Jr., Newton; permanent delegate, Dr. F. P. Wilbur, Franklin Furnace; annual delegate, Dr. E .A. Ayres, Branchville.

The society was invited by Drs. Ayres and Riddell, of Branchville, to hold a special meeting at Culver's Lake at a date to be decided on later. On motion, it was unanimously carried to accept said invitation. Drs. Van Gaasbeek and Wilbur were appointed a committee to draw up suitable resolutions on the death of Dr. B. W. Ferguson.

A bountiful repast was served by Mine Host Snook, of the Cochran House.

WARREN COUNTY.

J. H. Griffith, M. D., Reporter.

The Warren County Medical Society held its annual meeting at the American House, Belvidere, on Tuesday, May 7th. Sixteen physicians were present and a most delightful session was the result.

The officers elected were: President, Dr. Frank S. Gordon, of Blairstown; vice-president, Dr. William Kline, of Phillipsburg; secretary, Dr. William J. Burd, and treasurer, Dr. G. Wycoff Cummins, Belvidere; reporter, Dr. John H. Griffith, Phillipsburg; delegate to the State Society, Dr. Floyd A. Shimer, Phillipsburg; delegate to the Hunterdon County Society, Dr. Edward H. Moore, Asbury; delegate to the Sussex County Society, Dr. Thomas S. Dedrick, of Washington; censor, Dr. F. P. McKinstry, of Washington, for three years.

Dr. William J. Chandler, of South Orange, secretary of the Medical Society of New Jersey, and Dr. Thomas N. Gray, of East Orange, councilor of this district, were in attendance. The next meeting of the society will be held at Blairstown in the fall.

It is interesting to note that Dr. Burd, the secretary, has the original minute book of the society in his possession. The book dates back to 1825 and is a most valuable asset to the society.

After the business meeting a banquet was served.

P. S.—In the absence of the reporter, he received a compliment, given by the society, from the fact of his thirty-five years' continuous work as the reporter and present nestor of the society. There were also other conditions presented, too delicate to mention. Selah.

Local Medical Societies.

Camden City Medical Society.

Camden City Medical Society held its regular monthly meeting at the buildings of Camden City Dispensary on Tuesday evening. Dr. Paul Mecray and Dr. Joseph Roberts read papers and showed X-ray plates by the stereoscope, on the "Treatment of Fractures by the Lane Plates." The papers were enthusiastically discussed by Drs. Benjamin, Palm, McAlister, Strock, Lippincott, Goldstein, Markley and Hummel.

After the scientific meeting a collation was served. Toasts were responded to by Drs. Iszard, Strock, W. A. Davis and Mecray.

Among those who were present were: Drs. Levi Hirst, A. H. Lippincott, Daniel Strock, Emma Richardson, Joseph E. Roberts, W. H. Pratt, Paul M. Mecray, Paul H. Markley, Jennings, E. G. Hummel, William Kelchner, George B. Knight, J. F. Leavitt, David F. Bentley, H. L. Rose, William A. Davis, H. F. Palm, William H. Iszard, Alexander S. Ross, Casselman, Joseph L. Nicholson, Hyman I. Goldstein, Dowling Benjamin, Alexander McAlister and Joel W. Fithian.

Camden City Dispensary.

The following is the attending staff for 1912:

Dr. W. H. Pratt, chairman.

Medical and Surgical—Drs. W. H. Pratt, E. W. Rosell, H. F. Palm, H. F. Rose, M. M. Osmun, E. M. Richardson and H. I. Goldstein.

Gynecology: Dr. E. M. Richardson.

Nose, Throat and Ear: Drs. H. H. Sherk and H. F. Rose.

District Physicians: Drs. H. F. Palm and W. H. Pratt.

Microscopist: Dr. L. B. Hirst.

Pharmacist: Alfred D. Sparks, Ph. G.

Dentist: Dr. Byron E. Fortiner.

Montclair Physicians' Association.

Dr. Charles Gilmore Kerley, of New York, spoke at a meeting of the Association of Physicians of Montclair and Vicinity in the Montclair Club last month. The subject of his address was "The Diseases of the Respiratory Tract in Children." Folölwing the lecture there

was a general discussion by the association members, of whom there were about two-score present. Luncheon and a social hour followed the meeting.

Morristown Medical Club.

The Morristown Medical Club met, as the guest of Dr. E. Moore Fisher, at the New Jersey State Hospital at Morris Plains, on April 24, 1912. The host read a paper on "Modern Conceptions of Dementia." He referred to the lack of uniform meaning of many terms used by the medical profession, especially those relating to psychiatry. This was followed by a review of recent progress in classification and references to the marked advances made in mental examinations and the more up-to-date and complete case histories now taken and kept on record in the State Hospitals for the Insane.

These remarks led up to the fact that alienists could now give advice as to training of individuals where mental or neuropathic hereditary taint was present, and to the expressed opinion of the writer, that the present-day school system might be often unwise from the standpoint of mental hygiene, that less class-room work and book learning might be of benefit in many cases and education along other lines was frequently necessary to prevent mental disease.

A definition of dementia as now used was given and a brief account of the coloring given in the various psychoses with which it is associated. The pathological findings where they have been so far found to be typical of any mental disease followed by dementia were then dwelt upon.

The prognosis was poor where the present-day conception of the term dementia was employed as recoveries will be from some other mental disease not differentially diagnosed at the time of examination.

Among those present who discussed the paper were Drs. T. N. Gray, of East Orange; Eliot Gorton and Thomas P. Prout, of Summit, and C. C. Beling, of Newark. Dr. Britton D. Evans, medical director, and his assistants helped to elucidate points or answer questions during the discussion.

Orange Mountain Medical Society.

Dr. Levi W. Case was the host at a meeting of the Orange Mountain Medical Society, May 17, in the rooms of the William Pearson Medical Library Association in the Orange Free Library. The program was devoted to the study of the history of medicine and the lives of two great physicians were reviewed. Dr. Thomas W. Harvey, of Orange, spoke on Galen, and Dr. Richard C. Newton, of Montclair, reviewed the life of Paracelsus. A collation was served after the meeting.

Passaic City Medical Society.

Joseph H. Oram, M. D., Secretary.

The following resolution was passed at the regular meeting of the Passaic City Medical Society held March 14, 1912:

"Resolved, That this section of the Passaic County Medical Society request the Passaic County Medical Society to ask the State Society to instruct its Committee on Legislation to have a bill compelling vaccination introduced into the Legislature at its next session, providing that there is not such a statute in effect now. A copy of this resolution to be sent to every society in the State of New Jersey."

The Passaic County Medical Society, at their last regular meeting, endorsed the above resolution of their Passaic City Section, and instructed their Committee on Public Health and Legislation to transmit it to the trustees of the State Society for further action.

E. J. Marsh, Chairman, Com. on Public Health.

Westfield Medical Society.

Reported by Frederick A. Kinch, M. D.

The Medical Society of Westfield, N. J., has held regular meetings every month this past winter since October, convening at the different members' homes. Very interesting papers have been read and discussed, many unusual cases have been reported and matters of scientific interest talked about to the mutual advantage of the members. At the April meeting Dr. R. G. Savoye read a paper on the disposal of sewage, with especial reference to that of Westfield, describing at length what the Town Council proposed to do and giving a detailed account of the Imhoff tank system. At the May meeting Dr. C. T. Decker read an able paper on "Crisis." The society greatly appreciated the paper and the subject—as the doctor was married during April.

The society is also interested and working with the Nurses' Association to secure a district nurse for emergency work and for those unable to have a trained nurse in regular attendance.

National and State Societies.

American Proctologic Society.

The fourteenth annual meeting of this society will be held at Atlantic City, June 3 and 4, 1912, in the Hotel Chalfonte. The annual address by President J. L. Jelks, of Memphis, Tenn., will be "On the Relationship and Duties of the Proctologist to the Profession."

There are 23 papers on the program to be presented by able proctologists from various parts of the country on important, practical subjects pertaining to proctologic practice.

American Institute of Criminal Laws.

At the meeting of the American Institute of Criminal Law and Criminology in Boston on September 1, a report dealing with the testimony of expert witnesses in criminal cases where insanity is the plea of the defense was presented by a committee of physicians and lawyers who have been investigating this subject. While the report of the committee was not final it made the following recommandations: That legal test of insanity be abolished; than insanity should be held to be a good defence whenever it negatives the necessary criminal intent; that various medical associations shall establish and maintain a code of professional ethics to govern medical reports; that the various bar associations shall establish a code of professional ethics to govern counsel in criminal trials where the defense of insanity is raised; that medical witnesses who give opin-

ion evidence in criminal cases, where the defence is insanity, shall be chosen from a qualified group.

Federation for Sex Hygiene.

The second annual meeting of the American Federation for Sex Hygiene will be held in Atlantic City, N. J., June 3. There will be sessions in the morning, afternoon and possibly in the evening. The afternoon session will be devoted to a public meeting, at which former Attorney-General Charles J. Bonaparte, Dr. Edward Jackson, Denver; Rev. Mr. Goddard, St. Louis, and probably Mr. Jacob Riis, of New York City, will speak. The meetings will be held in the assembly-room of Haddon Hall, under the presidency of Dr. Prince A. Morrow, New York City.

Sanitary Association Council.

Clyde Potts, chairman of the executive council of the State Sanitary Association, will entertain the members of the council in Morristown in June, when it gathers to arrange the program for the annual convention. The council program calls for inspection of the Morristown and Madison-Chatham sewer plans and of the Jersey City reservoir at Boonton. Luncheon will be served in the gate house at Boonton and dinner at Morristown.

Do not forget the meetings of the A. M. A., Atlantic City, June 4-7, and the Medical Society of New Jersey, Spring Lake, June 11-13, 1912.

Miscellaneous Items.

Home for Convalescents.

The first definite action toward the erection of a home for convalescent patients discharged from the hospitals of greater New York, provided for by gifts made during the lifetime and in the will of John M. Burke, has been taken. A superintendent for the contemplated home, Dr. Frederick Brush, until recently superintendent of the Post-Graduate Hospital, has been appointed, and a firm of architects is engaged in drafting plans of the buildings.

The institution, which is to be known as the Winifred Masterson Burke Home, will be erected at White Plains on ground recently acquired from the New York Hospital. When completed it will accomodate at least three hundred patients. The buildings are to be equipped with every modern convenience, forming an ideal resort for patients who have been discharged from hospitals but are not in physical condition to work.

John M. Burke, founder of the institution, died in December, 1909, at the age of ninety-eight, leaving nearly $2,000,000 for the home for convalescents. Together with previous gifts to the fund he created in 1902, when the Winifred Masterson Burke Relief Foundation was incorporated, in memory of his wife, the total amount of his contributions was nearly $7,000,000.

Members of the board of directors of the foundation were unable to say yesterday when the buildings would be available for occupancy, but it was thought that by the end of the year everything would be in readiness.

Governor Dix Vetoes a Bad Bill.

Governor Dix is not wholly owned by Tammany. He demonstrated that he can still represent the people by vetoing the bill that was passed for the financial benefit of unscrupulous milk dealers, as it protected them from prosecution for selling doctored and impure milk. It is one of the most pernicious measures ever conceived and passed by an audacious Legislature. It could be properly termed a bill for the slaughter of infants.

For years charity organizations and health officials have labored to prevent the adulteration of milk and succeeded in having a standard of purity established. The mortality of babies decreased in a marked degree as soon as the dealers were forced by law to deliver pure fluid. This measure, had it become a law, would have undone the work of a quarter of a century in behalf of the babies.

New Insanity Law of New York.

Important changes in the insanity law are made in the Bayne bill, signed recently by Governor Dix. It changes the name of the State Commission in Lunacy to the State Hospital Commission, and instead of a president there is to be a chairman to be chosen by the members of the commission. Any commissioner may be removed by the Governor for cause.

The commission is authorized to establish a bureau of deportation, which shall maintain a careful inspection of the methods and facilities for examining immigrants at the Port of New York.

A committee consisting of three superintendents, to be appointed by the commission, is to establish rules for the internal government of State hospitals. Insane persons are not to be committed to jail or prison, nor shall any insane person be confined in any other place than a State hospital or licensed institution for the insane for more than ten days.

New Jersey Tuberculosis Law.

Governor Wilson, of New Jersey, has recently signed the bill passed by the Legislature, which is designated the most advanced legislation so far enacted for the control of tuberculosis. It provides that tuberculosis patients who refuse to obey the regulations of the State Board of Health as to prevention, and thus become a menace to the health of their associates, shall be compulsorily segregated by order of the courts, in institutions provided for this purpose. If any such patient refuses to obey the rules and regulations of the institution in which he is placed he may be isolated or separated from other persons and restrained from leaving the institution. The law further provides that all counties in New Jersey shall, within six months from April 1, 1912, make provision in special institutions for the care of all persons suffering from tuberculosis within the county limits. Maryland is the only other State which has enacted legislation providing for the compul-

sory segregation of dangerous cases of tuberculosis, although in a few of the larger cities this power is exercised under the provisions of the sanitary code.—Medical Record, May 25.

(If the above correctly states the provisions of the law, it is certainly sufficiently drastic to clothe the Board of Health with power enough for the control of tuberculosis.—Editor.

Another Victory in the Fight Against Quackery.

Dr. James E. Stubbert, who was arrested at Perth Amboy for practising medicine under false pretenses, has changed his plea of not guilty, and plead non vult. He will be sentenced on June 8th. The Middlesex County Medical Society, under the leadership of Dr. Ramsay, deserves credit for the prosecution in this case of downright quackery practiced by Stubbert in his reported association with the notorious Dr. Ball.

Bringing Blind Children to New Jersey.

There was much interest in Senate bill 238, which passed the upper house last Wednesday, and which provided that blind children under twelve years of age may be brought into New Jersey. The bill was introduced by Senator Pierce, of Union County, and is calculated to widen the scope of the Arthur Home, an institution for the blind at Summit. The bill was suggested by Mrs. Cynthia Westover Alden, of New York, president of the International Sunshine Society. While there has been no active protest against the passage of the bill, it is known that charity workers of New Jersey are against the measure and believe that it will hinder institutional work in this State.

The Pierce bill is an amendment to the law of 1907, regulating the importation of incorrigible or unsound children into this State. That law consents to the admission of certain classes of "unsound" children, providing a bond of $1,000 has been filed with the commissioner of charities and correction, as a guaranty that such children will not become a charge upon New Jersey. Attorney-General Wilson has construed this law to mean that a blind child is of unsound body, and under the provisions of the act cannot be brought into New Jersey. The Pierce amendment injects this sentence into the law, "provided, that nothing herein contained shall prevent the importation of blind children under the age of twelve years, subject to all other consistent provisions of this act." In this way it seeks to evade the word "unsound" and make blind children permissible.

At present there are seven children in the Arthur Home, for each of whom the State of New Jersey pays $330 annually for support.

Dr. A. H. Doty Vindicated.

The special grand jury which has been investigating affairs at the New York Quarantine Station completed its work yesterday and handed in its presentment. The inquisitors, who have been working for nearly two months under the direction of Albert C. Fach, District Attorney of Richmond County, failed to find any evidence of wrongdoing on the part of any of the employees at the station during the regime of Dr. Doty.

The grand jury recommended the appointment of an official to look after the financial affairs of Quarantine, in order to enable the Health Officer to devote all his time to the sanitary side of the office. Friends of Dr. Doty regard the findings of the grand jury as an indorsement of his administration and a slap at Governor Dix, who forced him out of office.

A Meeting Hall in Washington.

The United States Senate recently agreed to Senator Root's bill setting apart the old Pennsylvania railway station site at Sixth street, N. W., and the Mall as a site for a George Washington memorial building to be used as a "gathering place and headquarters for patriotic, scientific, medical and other organizations." The bill retains to the Smithsonian Institution the control of the building when it is erected and prescribes that the building shall cost not less than $2,000,000 and be erected by the George Washington Memorial Association after plans to be approved by the Committee of Fine Arts. It will have an auditorium with a seating capacity for 6,000 persons and a permanent endowment of $500,000.

Mosquito Extermination Commission.

Justice Garrison has appointed the following physicians on the Gloucester County Mosquito Exterminating Commission: Drs. H. B. Diverty, Woodbury; George C. Laws, Paulsboro; E. Z. Hillegass, Mantua, and Joseph G. Halsey, Williamstown.

State Bacteriologist to be Chosen.

A civil service examination, open to male citizens of the State only, will be held on Monday, June 3, for the position of bacteriologist for service in the State. The salary is about $1,000 to $1,200 per annum.

Candidates must be college graduates, either doctors of medicine or bachelors of science or equivalent, with at least two years' college work in bacteriology.

University of Penn. Alumni in New Jersey.

The alumni of the University of Pennsylvania Medical Department who are practising physicians in New Jersey will hold a reunion during the annual meeting of the State Society on Wednesday afternoon, the 12th, at a time to be later announced. All university men should be on hand that day. There will probably be present several representatives of the Society of Alumni of University of Pennsylvania, from Philadelphia.

The following university men will take a special interest in this gathering: Drs. E. Hollingshead, W. S. Collier, B. W. Hoagland, C. J. Craythorn and J. J. McGuire, of the Central New Jersey Alumni Society of the University of Pennsylvania, and Drs. P. M. Mecray, H. I. Goldstein, A. S. Ross, H. G. Taylor and Alexander McAlister, chairman.

THE BOARD OF TRUSTEES WILL MEET IN THE NEW MONMOUTH HOTEL, MONDAY EVENING, JUNE 10TH, AT 8 O'CLOCK.

THE JOURNAL
OF THE
Medical Society of New Jersey

JUNE, 1912

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to
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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.
All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to
WILLIAM J. CHANDLER, M. D., South Orange, N. J.

THE 146th ANNUAL MEETING
of the
MEDICAL SOCIETY OF NEW JERSEY
will be held in the
NEW MONMOUTH HOTEL, SPRING LAKE,
JUNE 11-13, 1912.

Do not fail to come. Come early.
Stay during the three days' sessions.
Bring the ladies of your family with you.

COUNTY SECRETARIES AND NOMINEES FOR PERMANENT DELEGATES.

Each nominee for permanent delegate must present a certificate signed by the president and secretary of his component society in the following form:

.....N. J., ...190..

This is to certify that.....M. D., was nominated for permanent delegate to the Medical Society of New Jersey, on the .....day of .....190.. by the component society of the County of..... according to the requirements of the Constitution and By-Laws of the Medical Society of New Jersey.

....., President.
....., Secretary.

The Committee on Credentials cannot accept a certificate made out in any other form and a nominee cannot be elected until such certificate is received. In order that there may be no mistake it is better to make these certificates in duplicate and send one copy to Wm. J. Chandler, Secretary, who will verify it and present it, if necessary, to the Committee on Credentials, so that the Society may proceed to the election of the nominees, who can not be present at the annual meeting on June 11th.

TO MEMBERS IN ARREARS.

We are sending this number of the Journal to a number of delinquents, most of whom *intend* to pay their dues, maintain their good standing and receive the benefits of membership. If these dues are not paid *promptly* their names are not recorded in the printed list of those in good standing. If they are not paid at all they lose all the benefits of membership and their names appear in the list of non-affiliating members.

If you have not already paid your dues for the coming year, do so immediately. Send a check for the amount to your county treasurer, asking him to at once forward the same with your full name and address, so that we may insert your name in the regular printed list of members in good standing and thereby secure for you all the benefits of membership in the State Society.

W. J. C.

A. M. A. ANNUAL MEETING.

Do Not Forget the Annual Meeting of the American Medical Association at Atlantic City, June 4-7, 1912.

We believe we speak for the entire profession of New Jersey in expressing our pleasure that this great association decided to again select Atlantic City for its annual meeting this year, and in extending to the vast numbers who attend a most cordial welcome. The program is an excellent one in the scope of practical scientific papers and in the selection of men to present and discuss them. Papers will be presented by the folowing New Jersey physicians, according to program published in the A. M. A. Journal: Drs. Philip Marvel, Frank W. Pinneo, H. J. F. Wallhauser, Richard C. Newton and Henry C. Cotton.

This meeting ought to, and we believe will, give us a larger and a better meeting of our State Society at Atlantic City the following week, June 11-13, as we will doubtless be favored with the presence and participation of some of the eminent men who will attend the A. M. A. meeting. Two of those taking prominent part at the latter

meeting are to be our orators in medicine and surgery: Dr. R. C. Cabot, of Boston, Mass., and Dr. J. C. Bloodgood, the recently elected professor of surgery in the Johns Hopkins University, Baltimore.

PREVENTIVE MEDICINE.

It has well been said that "Preventive Medicine is the crowning glory of the medical profession," because it is that branch of our science which is not only most free from the spirit of commercialism, but is characterized, when rightly understood and applied, by a lofty patriotism which seeks the good of humanity with somewhat of the martyr's spirit of sacrifice.

We say when rightly understood and applied, because in that as in every other department of medical activity, there is often an ignorance or misconception which jumps at conclusions and applies faulty reasoning or methods which defeat or retard the accomplishment of the ends sought, and the worst results of such mistakes are not only that public confidence in the profession is weakened, but practical popular belief in the wisdom and imperative necessity of important preventive measures is shaken if not destroyed. We desire to point out some mistakes and suggest thought as to present and future needs. The faulty methods of the past in the work of our health boards, the appointment of men thereon who had little or no knowledge of sanitary science and its application, often appointed for political reasons and who often manifested an over-arbitrary spirit rather than a conciliatory spirit which, while not sacrificing imperative requirements, realizes that the average citizen needs education to appreciate his own as related to his neighbor's rights.

The anti-tuberculosis campaign of the last few years was begun without proper forethought, matured plans and wisely directed effort. The two great mistakes were in unduly frightening the public as to the danger of contact with the tuberculous patients and in prophesying that the disease would be wiped out in a decade or two. State and local organizations have since accomplished somewhat in the very important preliminary work—educating the people as to conditions and needs, establishing day camps and local sanatoria; but it has been slow work even where it has been wisely done and there has been no very great reduction in the death rate in our State. We have more confidence in the more recent carefully prepared plans as set forth in the paper by Dr. A. C. Hunt, which appeared in our May Journal. The campaign should be conducted by the State Board of Health along the lines Dr. Hunt points out, enforced by local boards composed of competent men. The tuberculosis exhibit in our cities and towns is exceedingly helpful in educating the public.

The bill passed this year by our Legislature establishing county hospitals was wise, as was another act requiring the reporting by physicians of cases of tuberculosis under their care. The value of the reports, however, depend upon whether the cases are correctly diagnosed and rightly tabulated, so that the same patients are not reported several times and the number of cases thereby exaggerated in the reports given to the public, for we know how apt these patients are to change physicians often. The establishment of the Tuberculosis Preventorium for Children at Farmingdale, to which reference was made in last month's Journal, is one of the best of disease-prevention institutions, as it cares for children who are predisposed to tuberculosis, especially those living in families where the disease exists. There should be more of these institutions in our State.

The so-called "Great Black Plague" needs our profession's profoundest study as to the wisest and most effective methods for its eradication and prevention. The organization of a State Society in New Jersey, for arousing interest and perfecting measures for the removal of the Social Evil—concerning which a communication from the society's president, Dr. Alex. Marcy, Jr., will be found in our correspondence column—is worthy of the practical support of every member of our society. Its work for the present will be largely along educational lines and the public certainly needs to be educated as to the extent and enormity of this great evil. The reporting of cases of venereal disease seems to be necessary, as well as the enactment of carefully prepared laws to control and prevent such diseases. California has already passed a law requiring the reporting of all such cases. Cleveland, Ohio, has also taken such action. The dispensaries and hospitals of Chicago are required to report all cases under treatment. We note that already some clergymen in our State refuse to perform the marriage ceremony until certificates of good clean health are furnished by the contracting parties. A law has been suggested requiring such certificates before a license to marry is issued. We call attention to an excellent

paper on the Social Evil, by Dr. A. H. Lippincott, which will appear in the next Journal.

Another important sphere for disease-preventive work and one in which physicians are logically and pre-eminently *the* proper advisers, is in the work of our public schools as it affects the health of the pupils. There has been, of late years, a new meaning and power in that eminently wise conception of the child's development through our educational institutions—*mens sana in corpore sano.* The teaching of hygiene, medical inspection of schools, the playgrounds and the later suggestion of the teaching of sex hygiene are matters of transcendent importance, for they affect the mental, physical and moral welfare of the present and future generations. But let us inquire—Have we carefully considered and wisely matured plans so as to insure uniformity and efficiency and secure the best results?

Take, for example, medical inspection, which is one of the greatest advances made in recent years in preventive medicine and in school administration, but, like many other new measures, it was hastily adopted without due consideration as to wisest methods in conducting the work especially to secure uniformity, supervision, review of work and careful judgment therein, with provision for the removal of incompetent inspectors and the correction of mistakes. There is needed central oversight and authority—wise, careful, watchful, corrective, not simply the formulation of a few rules and allowing each city or twon, or worse, each inspector, to be free to introduce fads or questionable methods that tend to lessen or destroy the efficiency and value of the work. The dental clinic in connection with this work is important and the nurse to follow up the work of the inspector and see that the children sent home receive treatment for their ailments is very important, especially in cities, provided the nurse understands her sphere of action and does not assume the physician's role—in prescribing for disease conditions.

The teaching of sex hygiene in our schools is a matter that should be intelligently considered and very carefully managed. The public needs education as to its advisability and the assurance that it will be delicately taught by competent teachers. There is little doubt that the proper teachers of this subject are the parents—the father instructing the son and the mother the daughter—and they *ought* to perform that duty, but the vast majority of parents do not and their children grow up in ignorance until their curiosity is satisfied under corrupting influences, often to their own and their parents' sorrow. Where there is the old-time family physician—happily there are many such yet—diffident, ignorant, neglectful parents can find no better instructor for their children on this subject.

It is certain that no boy or girl should pass the age of twelve years without such instruction wisely given. There will be far less danger of impure thoughts leading to impurity of life if the inquiring mind of the child is satisfied with a simple explanation accompanied with an earnest talk on the importance of pure thoughts and habits. Where this subject is taught in schools the best teachers we believe are physicians—possibly the medical inspectors—rather than the regular school teachers, certainly unless the latter have the proper knowledge and tact to present it. For young girls a female physician is preferable when possible to secure one. Dr. Katherine Porter, medical inspector of the Orange schools, has very intelligently and successfully taught the subject both to children of 12 years in the grammar grades and to older pupils in the High School of Orange.

It is a matter of supreme importance that our laws providing for and governing our State Departments of Health and Education shall have most intelligent and thorough consideration, involving as they do the highest and best interests of the State and its citizens, that they shall guard against favoritism, questionable fads and methods and all political domination, and that intelligent and trustworthy men shall be appointed to execute them, men who will not tolerate political dictation or resort to political methods or grant questionable favors in the administration of these sacred trusts. With such laws and such men to administer them, there should be given ample power and liberal appropriations in order to secure the highest possible efficiency and success.

Our State Board of Health—or, as we hope in the near future to have it, our Health Commissioner and his advisory board—and our Commissioner of Education and his advisory board, should each in their respective departments have supervision and control over the local boards and the power of State and local boards should be exercised impartially and without undue arbi-

trariness, as it is realized that the public, and even some members of these boards and their appointees, need education as to changing, improved methods and the imperative necessity of the enforcement of existing laws. On health boards the majority of the members should be physicians of recognized ability and on boards of education the majority should be college graduates and one of them a physician; because in the former position medical knowledge is essential in order to rightly solve health problems, and in the latter position problems which concern the best intellectual equipment and the sound physical condition of the pupils for the successful prosecution of their life work, demand the wisest and most practical consideration for their solution.

We know that ill-health disqualifies, or greatly handicaps, for the best work in any department of life's activities and, therefore, every effort should be made to conserve and promote the health of our school children. There should be on our State Board of Education a well-paid physician, the ablest one procurable, who has given special study to, and, if possible, one who has had experience in dealing with, the problems of education as they relate to the mental and physical health of the pupils, even if to secure such a member a salary of six or even ten thousand dollars a year is required; for it would mean a saving to the State of thousands of valuable lives and millions of dollars of assets, as it would largely decrease and eventually cut off the supply of the ranks of the non-producers, especially the mentally, physically and morally defective classes. In consideration and co-operation with the Commissioner of Health he should have a large share in the decision of the scope and character of the curricula; should supervise and have control of the medical inspection of school children, thereby securing uniformity and efficiency in inspection methods and work; receive and examine all medical inspectors' reports and report upon them to the local boards. He should also have supervision over the teaching of hygiene, including sex hygiene, and of the practical methods for conserving and improving the health of the pupils—the gymnasia, playgrounds, baths, swimming tanks, etc. Of course, the whole time of such an officer would be needed for this work and the visiting and addressing of schools, conventions and popular public meetings. The value of this systematic, scientific and practical work would be incalculable in developing deeper public interest in and increasing the high standing and efficiency of our schools. The other practical results would be improved intellectual, physical and moral conditions and the increasing financial prosperity of our State.

We have a splendid program for the 146th Annual Meeting of our State Society, June 11-13. We ought to have the largest and best meeting of the entire series. The past record of our Society has reflected honor upon the profession and contributed to the welfare of the State and its citizens. Let us all try to make its future still better. We say to every member, Come and help us to do so.

VOLUME IX.

The May issue completed the eighth volume of our Journal, and we begin Volume IX. with this—June—issue. While, with becoming modesty, we refrain from any expression of judgment on the work and worth of the monthly issues of the past year as compared with these of previous years, we do assert that the Publication Committee and the editor desired and have striven to make the Journal increasingly worthy of the society and the profession which it represents, as we have tried to have it set forth the good work done and the great advances made by the profession within and beyond the borders of the State.

We take this occasion to thank most heartily the secretaries and reporters of the county societies and all others whose valuable contributions have enabled us to make our Journal as good and helpful as it has been and kindly suggest and urge that their continued assistance and their and our own increasing interest and fidelity during the coming year shall make our Journal, our society and our profession even far better and more influential, honorable and serviceable than ever.

We expect to issue the Index of Volume VIII. with the July Journal.

Correspondence.

Prevention of the Social Diseases.

My dear Dr. English:

The New Jersey Society for the Prevention of the Social Diseases was successfully organized in November at Trenton.

The following officers were elected:

President—Dr. Alex. Marcy, Jr., Riverton.

Vice-Presidents—Mrs. C. B. Alexander, Ho-

boken; Mrs. Augustus H. Reeve, Moorestown; Rabbi Solomon Foster, Newark.

Secretary and Treasurer—Dr. Thomas N. Gray, East Orange.

Executive Committee—Mrs. Stewart Hartshorn, Short Hills, chairman; Rev. James F Riggs, D. D., East Orange; Mrs. Charles C. Miller, Riverton; Mrs. Charles J. String, Moorestown; Dr. Mary D. Hussey, East Orange.

The society has about one hundred members, and we are hoping for a largely increasing number as soon as it becomes generally known that such a society exists.

There are three classes of membership:

Active—Annual, dues at $1.00 per year.

Life—On payment of $10.00. No annual dues.

Benefactor—One who pays $50.00 or more.

As this work is largely educational, and the public generally are so ignorant of the true conditions, it is going to be slow and tedious work to get a society large and influential enough to mold public opinion and to arouse the public conscience, but that it will be accomplished in due course I have not the slightest doubt.

It may, probably will, take several generations before we will be able to see great results, but the teaching of sex hygiene in the public and private schools will help us.

The compelling by our health boards of the reporting of cases of venereal diseases; the enactment of marriage laws, which will make it necessary before a license is issued for the contracting parties to present a certificate of good health, and the sworn statement that neither party is suffering from any constitutional or acquired disease, and is free from hereditary taint, will also aid greatly.

The erection of county hospitals where all contagious and infectious diseases can be treated, segregated and controlled, particularly the venereal diseases. All of this, I say, is going to make a showing in the next two or three generations.

At present the thing the society most needs is members—annual, life or benefactors. We ought, and expect, to have ten thousand in a comparatively short time. We need their influence, we need their money, and if we get it, we will accomplish something worth while.

There rests a tremendous responsibility on the medical profession. We have been negligent in our duty to our fellows, by encouraging secrecy in dealing with these infections. I am sure most of us thought we were doing right and were respecting the confidence of our patients, and we may have been right in this, but personally I do not think we were. There is a duty we owe the mother, the child and society, which, I think, is greater than any duty we could possibly owe to our individual patients, and I believe that every case of venereal disease should be reported to the health authorities, and the individual so reported should be kept under surveillance just so long as there is danger to the community. In other words, this question is fundamentally a health question, and if our boards of health had the courage of their convictions, and would put these infections on the list of reportable diseases, there is no doubt in my own mind but what it would eventually be a potent factor in the solving of this great problem.

We have had no co-operative support from the committee of our State Society, but we are expecting co-operation and help from this source. This committee could well undertake the work of interesting and securing the hearty sympathy and support of the medical profession in this crusade.

While I say it is fundamentally a health problem, it is also a moral question, and has, as well, a legal side; therefore, we may hope to have the co-operation of the professions of medicine, theology and the law, together with the best efforts of the laity in our fight in this great cause.

Dr. T. N. Gray will be glad to enroll any physicians in New Jersey as members, and if they are alive to their opportunity and wish to help their fellow men, they will join with us in this great work. Very truly yours,

Alex. Marcy, Jr.

Riverton, N. J., April 9, 1912.

Dr. H. B. Costill on Legislation.

Dear Doctor English:

I guess it is about time I gave you some account of what has been going on in the Legislature this winter, so far as our profession is concerned. There is really not much to report, and perhaps you are as familiar with that as I am.

There were two amendments to the medical bill introduced one providing for reciprocal relations with New York, the other providing for the prosecution of irregulars and advertisers. These amendments both passed and were approved by the Governor.

A bill introduced by the Senator from your county, Mr. Silzer, permitting the counties to erect hospitals for the care of tubercular patients was backed by the Legislative Committee and also became a law.

The bill creating a Board of Examiners for Nurses was opposed by the committee, but the best we could do was to get it amended, making it less objectionable, in which shape it was passed and also become law.

This bill the committee thought entirely unnecessary and feel that it will work an injury to many of our smaller hospitals, still they seem to have the endorsement of quite a number of our profession, including our president, Dr. Strock, and we were unable to prevent its passage.

The old osteopathic matter came up in the shape of a bill introduced by the "Rock faction." After several conferences we were able to finally get this bill amended so as to be fairly satisfactory to all parties, but this result was obtained at such a late date in the session we were not able to get it through. So the result is just as it was a year ago—nothing done.

The neuropathic bill never got out of committee. The pharmaceutical bill also failed.

This, I think, completes all the legislation that our society has an interest in. If there is anything else that you think of that I have omitted, I should be glad to furnish you any information that I can.

Very sincerely yours,

Henry B. Costill.

Trenton, N. J., April 10, 1912.

TUBERCULOSIS SERUM.

A serum which its discoverer believes gives immunity from tuberculosis was announced May

18th, in Chicago. The discoverer is an American scientist, Dr. Karl von Ruck, of Asheville, N. C. First reports of the experiments on which he bases his contentions were given to the Chicago Medical Society in a paper prepared by Dr. von Ruck.

Dr. von Ruck says his vaccine is absolutely free from real or even supposed danger, powerful enough to act on one or two applications, uniform in action to a degree that results need not be controlled in practice, and so simple that any physician can apply it.

Dr. von Ruck has vaccinated 339 children since July 1, 1911, including such as had already acquired a tuberculosis infection, but in a latent form. In none of these children has there been any disagreeable effect as a result of the vaccination, he asserts, and in every one a sufficient degree of immunity could be demonstrated by testing the blood serum after a single dose without diminution on re-examination, three to eight months later, while in those already subject to latent tuberculosis it was found that the signs had either disappeared or had changed for the better, and that general improvement, with marked increase of weight, had occurred.

The New York Tribune, May 20th, commenting on this discovery, says:

"The announcement made by Dr. von Ruck of the discovery of a vaccine that made persons into whose systems it was injected immune from tuberculosis was not received with much enthusiasm by any of several New York physicians whose opinion was asked last night. While all agreed that a remedy for tuberculosis, or a preventive of the nature of that which Dr. von Ruck claims to have discovered, would be an invaluable asset to medical lore, it was generally said that a test more rigorous and thorough than that already given the new serum would have to be made before the scientific world indorsed it.

"The announcement, coming at a time when several such remedies have been exploited, and which in the main have proved impracticable, physicians are in a mood to hold back opinions until a thorough test has been made of the new discoveries."

Editorials from Medical Journals

Alcohol and Insanity.

From the A. M. A. Jour., April 20.

While in almost every part of the civilized world alarm is felt at the increasing ratio of insanity in the population, there are some localities which seem, on the other hand, to be becoming less infested, so to speak, with the virus of mental disease. One of these appears to be the State of Kansas, which had in 1904, 56.2 commitments to its asylums per hundred thousand of population. In 1910 the number for each hundred thousand had fallen to 42.3, and in 1911 to 38.3, and the members of the State Board of Control and the asylum officials are said to credit this to the stricter enforcement of the prohibition laws of the State and the consequent diminished consumption of alcohol. Prohibition does prohibit in Kansas, it is asserted, and William Allen White, in a recent article in the Outlook, corroborates this statement. Of course, there must be some leakage over the border, but it seems to be a fact that Kansas is practically a "dry" State. It is not surprising that insanity should decrease with the diminished consumption of an article of diet, or rather of indulgence, which is credited by alienists with the direct causation of at least 10 per cent. of existing insanity—probably a considerably higher percentage—and which indirectly is a more or less important etiologic factor in a very much larger percentage of cases. The Kansas figures come reasonably close to those of the alienist statistician.

The Self-Sufficient Nurse.

(This appeared in the Monthly Cyclopedia and Medical Bulletin several months ago. While conditions have improved somewhat, the position taken as to the proper relations between the doctor and nurse is correct to-day and will continue to be.—Editor.)

"The doctor said, give the baby one spoonful of cream each feed, but the nurse said he would starve on that, so she put in three spoonfuls." This is the keynote of a recent conversation overheard in a New England State. The relations of the family and the faithful family physician are usually entirely harmonious until the trained nurse enters on the scene. After that the chances are at least even that the family faith in the family physician will have been very materially weakened in two weeks' time. There are, of course, many nurses who feel that they must conscientiously carry out the doctor's instructions without criticism, but unfortunately the proportion of that type of nurse seems to be constantly lessening.

So bitter has become the antagonism between some of the professional nurses and leading physicians of Philadelphia, that the newspapers have recently been devoting whole columns to the subject. Among the most aggressive critics of the professional nurse is Dr. Henry Beates, Jr., president of the State Board of Examiners of Pennsylvania, who unqualifiedly denounces the nurse who assumes responsibility of modifying the physician's instructions and frequently changing dosage, which he says is a common occurrence in the experience of the Philadelphia doctor. Other prominent physicians, including Dr. J. Madison Taylor, express similar views.

The combination of a little knowledge with a low average of general intellectual development usually produces a frame of mind which has made a certain type of trained nurse so peculiarly offensive to physicians. The doctor spends many years in acquiring a technical understanding of his profession. The nurse gathers a few rudimentary ideas of anatomy and physiology and promptly arrogates to herself a greater knowledge of treatment than the best educated physician. Add to this unfortunate state of mind the doctor's natural resentment and we have the conditions which are leading the best physicians to seriously contemplate the employment of unprofessional nurses as being, all considered, preferable to the graduate nurse.

This is certainly a regrettable state of affairs, and it is to be hoped that the training schools for nurses will wake up to the situation and try and instill in the minds of their graduates the old primitive idea that obedience to instructions is after all the most valuable qualification of the employee.

The Induction of Surgical Sadness.

By Dr. J. P. Warbasse, Amer. Jour. of Surgery, February, 1912.

Not all amateurish surgery is at the hands of surgical amateurs. Many an interne, such as is called "surgical fledgling," "surgical tyro," and by other titles of contumely, has had his heart filled with sadness while observing the antics of his teachers and masters. The man who quietly stands by, drinking in what transpires, may suffer greater anguish than the patient, for the senses of the latter are often numbed by merciful narcotics. Here are half a score of the stimuli of surgical sadness, which come trooping out of the realm of experiences recalled. These are some of the things the learner may have to witness, and which it is the duty of surgery to spare him:

1. Without a general exploration, proceeding with the removal of a malignant growth, when even a cursory examination of its extent would show that the time to say, "This is a hopeless case," was before removing four-fifths of the mass, and not after having operated until only the irremovable one-fifth remained.

2. Pulling and hauling at a tumor as though surgery were a matter of force rather than of dissection, and as though the mass had to be removed even though the patient had to come with it.

3. Plunging a knife, point first, through the bladder for an inch or more in suprapubic cystotomy—when the bladder wall is only an eighth of an inch thick.

4. Clamping and ligating tediously all of the bleeding points in a wound of the scalp prior to suturing the wound.

5. Picking up the peritoneum with mouse-tooth forceps, together with the underlying bowel, when opening the abdomen.

6. Putting on a bandage, and leaving it without adequate fixation, when the veriest tyro of an onlooker would know that it would be loose before the patient had made six months—and off before he had made twelve.

7. Applying a plaster-of-paris dressing as though the object were not immobilization of the enclosed parts, but the exclusion of burglars.

8. Looking daggers at the operating-room nurse for handing "rotten catgut" because it broke while tying the second turn of a knot under a stress of twenty-five kilos.

9. Asking a patient, recovering from urinary obstruction, if he is now able to pass his own water.

10. Giving orders to the house surgeon within the hearing of the patient, and countermanding them without the hearing of the patient.

Let it be known by all men that the gentle art of surgery is acquired by learning only two things—what to do, and what not to do.

The Washington Herald on the Doctor.

Journal of the Delaware State Medical Society.

Of all the servants of mankind, the physician is apt to be the most abused. We criticise him and pigeonhole his bills, but at the first twinge we are jangling his bell in alarm. Only a few days ago a special train was dashing across this continent because a rich man, dreading blood-poisoning, wanted his own doctor. This, in a superlative degree, is in the nature of the country boy riding the plow horse to town at a gallop to gasp at the doctor's door: "Pa's fell off the haystack and broke his leg." The physician is the man who must be ready always. Neither minute hand nor hour hand describes a time when he is not on duty. If he gets a whole night's rest, it is because the community happens to be free from aches and pains. He is the slave of telephone, night bell, door bell and office bell.

After a hard day's work, another man goes to bed with the sense of having earned his rest; but the probabilities are that the physician will be asked to respond to some one's beck and call. He is altogether a special kind of person. His illusions are few. His inside information is enormous. If now and then he wears a superior smile, forgive him. He has probably just heard some remark which he knows to be hypocritical. Again, his jokes are likely to be a bit technical, and his views of life materialistic. But if he has a brand of idealism, you can put your trust in it, for he has learned it in a hard school. He has faced the worst, and can still believe the best. If he has a religion, it will be worth while, for he has wrested it out of the actual battles of good and evil in a life seen at close range.

The lawyer we take into our confidence occasionally; the clergyman we admit to parlor and dining-room; but the doctor goes into bedrooms unannounced. If what he sees there surprises him, he does not let it be known. In the healing of bodies he has opportunity for healing souls which could never come to a priest. He is the lay father confessor, regardless of creed. He always fits in. He is a safe man on committees; he can turn his hand to any public business, and if left alone discharge it creditably. He knows more psychology in five minutes than the philosopher in a week, yet he is the least emotional of men.

When the lawyer is in tears before a jury, and the parson is pathetic from his pulpit, the doctor is keeping his nerve. The peculiar thing about him is that while fighting his grim and silent battle with death, without the applause of a crowd, often without pay, and sometimes without gratitude, he seems superior to all these considerations. He is responding to a higher sort of noblesse oblige which is almost unintelligible to the average man. Somewhere, either in this world or the next, he will reap his deserved reward.

On Doctors' Sons.

From the New York State Med. Journal.

Doctors' sons pretty generally make good doctors; that is, if they decide to study medicine and be doctors at all, they succeed. When you hear a physician say that the practice of medicine is a dog's life, and that if he had it to do over again he would never study medicine, that patients are ungrateful and give him little thanks or pay, you may be pretty sure that his son will not study medicine; and if perchance he should, he is terribly handicapped by a lot of bad medical traditions. The unsuccessful doctor does not let his son study medicine. The doctor's son who does study medicine is quite invariably the son of the man who was successful enough to find joy in his work, and who could wish his son nothing better than to enter into the calling which had meant so much

to him. And the boy saw in his father's life something that excited his admiration to emulate and covet. As a matter of fact and observation the son of the really successful doctor commonly does study medicine; and I can name a number of such men who attained to even greater success than their fathers.

However, the decision as to whether a man is successful or not does not rest with you or me —the decision is with him—he is the only one who knows.

That the doctor's son takes his cue from his father, and that the father should be careful of what he teaches his son, even inadvertently, is illustrated by a homely example. The one man in this country, who is devoting himself assiduously to calumniating and misrepresenting medicine, is the son of a doctor—a well-meaning man, still engaged in mildly practising his profession. This good old doctor is a frequent contributor and a professed admirer of one of the most disreputable medical periodicals charged up to the account of American medical literature—let us be accurate and say the most disreputable. That means that the son gets an impression of medicine from the literature which he finds on his father's library table. I presume that the son judges that this so-called medical journal represents the medical profession because it says it does and because it contains the pictures of many men of good and high standing who intersperse its advertising pages with the products of their agile pens, innocently and little knowing of the damage they are doing.

A certain publican was once asked by a philistine how far back he could trace his ancesters. He replied that he did not have time to see how far back he could trace them because he was too busy tracing the doings of his descendants.

What useful lesson may we learn from these observations? Simply this: Keep an eye on the boys.

There is such a thing as forcing business. It was exemplified in Jersey City yesterday when a driver of a hearse ran over a man.—Hudson Observer.

Editorials from the Lay Press.

A Good Veto.

From the New York Tribune.

Governor Dix did a good day's work yesterday when he vetoed the bill which would have encouraged the sale of low grade milk. No explanations were given to the public to show why that measure should become a law. The reason is plain enough. It would have permitted unscrupulous wholesale milk dealers to put a few more dollars into their pockets by skimming off cream and selling that at high prices and unloading the weakened product on city dwellers, whose acquaintance with cows extends no further than the milk bottle. It would have permitted farmers with low grade or poorly nourished herds to market their milk of a higher grade with it. It would have helped every milk dealer who wanted to palm off an inferior product on his customers.

These reasons for the bill constituted the best reasons against it. It could have been a good thing for only a small part of any community, while it would have been a very bad thing for all the community. It might not made much difference to a strong, full-fed man whether the milk he used was of full standard richness. It would make all the difference in the world to a weak girl worker in a factory, or the house-wife trying to recover from illness, or the baby struggling for life in an East Side tenement against summer heat. It would make the difference between proper nourishment and malnutrition, between health and sickness. The State of New York to-day stands as a guardian of those who cannot help themselves in this respect. To have weakened its laws would have been to help the dealer skim the cream from the milk bottle. To have signed this bill would have been to inflict suffering, even death, on thousands of babies during the coming summer. In responding to the public opinion which The Tribune aroused Governor Dix has performed a notable service.

The House Fly as a Disease Carrier.

From the Newark Evening News, May 20th.

It is somewhat late in the day for even so eminent a scientist and pathologist as Professor William T. Sedgwick, of the Massachusetts Institute of Technology, to say that "it is not true that the house fly is a disseminator of typhoid fever germs, but, rather, the disease is spread through the food and water supply." Dr. L. O. Howard, the government entomologist, in his recent book entitled "The House Fly—Disease Carrier," says that the evidence against the fly, as a factor in spreading cholera and typhoid and other infective diseases, "appears to be quite conclusive." Dr. Torrey, of the Loomis Laboratory, New York, is of the same opinion. Dr. Vaughn, U. S. A., after a thorough study of typhoid fever among American soldiers in 1898, reported that "Flies undoubtedly served as carriers of the infection." Besides all this, many careful and extended laboratory experiments, here and in Europe, have supplied conclusive evidence that flies may play a part in the spread of typhoid fever. And they also scatter the germs of dysentery, erysipelas, diphtheria, contagious, ophthalmia, anthrax and cerebro-spinal meningitis. Swat the fly. He is a wholly undesirable citizen, not entitled to any humane consideration whatever.

Muzzling the Dogs.

From the Hudson Observer.

It is hard to understand why members of the Hoboken Board of Health should show symptoms of rabies over the dog question. It is admitted that there are too many canines in the streets, and it is also admitted that the fact that a dog has a license tag about its neck is no guarantee that it will not bite or go mad.

The advisability of muzzling dogs, however, is a different matter. Officers of humane societies the world over agree that muzzling dogs is cruel, and these men and women are lovers of animals. It is not unreasonable to ask an owner of a dog, when taking it in a public street, to keep it on a leash. He has a right to value his pet, but he must also have some considera-

tion for his fellow-men. But because a dog now and then goes mad and bites a few other dogs or persons, there is not excuse for muzzling them all.

There are more people injured in Hudson County in one year by automobiles than there are in the United States in a year by rabid dogs. There are more deaths in Hudson County in a year from delirium tremens than from hydrophobia in the United States in a year, yet no one ever suggests muzzling the drunkards or putting the chauffeurs in straitjackets.

Dr. Wiley Still on the Job.

From the Hudson Observer, April 4.

Drugmakers and Druggists' agents appeared before the Pure Food Board in Washington and asked for permission in certain cases to take the skull and cross bones sign off bottles containing poisonous prescriptions. With the death's head label off, the druggist might do more business. Imagine their chagrin when, in the midst of their argument, in walked Dr. Harvey W. Wiley, who resigned from the public service because his opposition to the "doping" of foods was not liked by the Taft administration. When Dr. Wiley alluded to the petitioners as "dopers" it looked like a free for all fight. When objection was made to the use of the epithet "dopers," Dr. Wiley consented to withdraw that term if he could substitute "manufacturers of poison" in its place. The poison manufacturers angrily demanded to know whom Dr. Wiley represented anyway, and he replied: "One American citizen, and I expect to be here often."

Preventing Tuberculosis.

From the New York Tribune, April 4.

The opening of the tuberculosis preventorium —to accept a name whose etymology may be pardoned for its benevolent significance—will emphasize and confirm the beginning of a new era in the warfare against tuberculous diseases. It is not exactly the beginning of the new era, because the work which is to be done in this institution has already been done at its very site for a couple of years on a small scale. But the opening of the new buildings three weeks hence will put the novel sanatorium on a permanent and large basis, sufficient to attract to it the attention of the whole country.

Hospitals or sanatoriums for actual sufferers from tuberculosis are numerous. Almost every State has one or more, and in New Jersey, where the preventorium is situated, provision has just been made for one in every county, in addition to the large State hospital, which has been in successful operation for some years. But this preventorium has an entirely different purpose. Its object is to save children from contracting the disease and from danger of doing so. Its inmates are not to be adults suffering from any form of tuberculosis, but children who are as yet uncontaminated with the plague, but who are in peril of infection from stricken members of their families, and who perhaps have a constitutional susceptibility which may be counteracted.

The wisdom, humanity and practical economy of such work must be apparent. The saying is as true as it is old and hackneyed that prevention is better than cure. In this case it is not always possible to cure the disease, but it is practically always possible to prevent it, and generally possible so to strengthen and discipline a child who is susceptible to it as to cause him to grow up almost immune. In the preliminary stages of the work, during the last two years in restricted and temporary quarters, four hundred children have been cared for. They have been rescued from infectious surroundings, where there was strong probability of their contracting the plague, and have been kept in a place so healthful that not a single case of illness of any kind has been developed among them. In many cases they will not return home until danger of infection is past. In other cases their constitutions and health will be so fortified that they will be able to resist the approaches of the disease. It is a noble work, and it deserves the sympathy and generous support of the public.

Therapeutic Notes.

Asthma.

Pulv. potassii nitratis
Pulv. stramonii
Pulv. belladonnæ
Pulv. hyoscyami, aa ʒ i

Burn half a teaspoonful where patient can inhale fumes. For severe dyspnea.

Chloralis ʒ ii
Sodii bromidi ʒ iii
Tinct. valer. ammon. ʒ i ss
Aquæ anisi ℥ i
Syrupi q. s. ad ℥ iii

Teaspoonful 4 times daily with water. For restlessness and insomnia in bronchial asthma.

Ammon. brom. ʒ ss
Ammon. chlor. ʒ i ss
Tr. lobeliæ ʒ iii
Spt. æther. comp. ℥ i
Syrupi ad ℥ iv

Dessertspoonful in water every hour or two during paroxysms.

Potassii iodidi
Potassii bromidi, aa ʒ ii ss
Aquæ menthæ piperitæ ℥ iii

A teaspoonful, well diluted, two or three times at half-hour intervals; then every four hours. (When irritation comes from bronchial mucous membrane.)

Ammon. iodidi ʒ ii
Fluidext. grindeliæ rob. ℥ ss
Fluidext. glycyrrhizæ ʒ iv
Tr. lobeliæ
Tr. belladonnæ aa ʒ ii
Syr. tolu q. s. ad ℥ iv

Teaspoonful three times a day. Extra doses during paroxysms.

Belladonnæ fol. ʒ i ss
Hyoscyami fol.
Stramonii fol. aa gr. l
Ext. opii gr. iv
Tabaci gr lxxx
Potassii nitratis gr. clx
Aquæ Oj.

Saturate bibulous paper and dry. Paper is

rolled into cigarets, one of which is smoked until relief is afforded or some giddiness produced.

Potassii nitratis
Pulv. anisi aa ʒ ss
Pulv. stramonii ℥ i
Ignite and inhale.

Potassii iodidi ʒ i ss
Liq. potass. arsenitis m xxx
Spir. ætheris comp. ʒiv
Syr. pruni virginianæ ad ℥ ii
Teaspoonful three times daily.—Critic and Guide.

Atony of the Bladder.

Ergot is advocated in atony of the bladder on the assumption that its action is analogous to that on the uterus. Whatever the rationale may be, it is claimed that 10 minims of the fluid-extract in 1 ounce of cinnamon water, three times a day, produces very beneficial results. The same or a somewhat larger dose (15 minims three times a day) may be given in prostatic enlargement accompanied with hematuria.—Therap. Med.

Brain Fag.

Phosphide of zinc is a remedy of priceless value in the treatment of brain fag. It is indicated in those cases even where there is threatening paralysis of the cerebral functions and violent periodic headaches.—Med. Standard.

Chilblains—Ulcerating.

℞ Hydrarg. ammoniati, Gm. 0.3.
Ichthyolis, Gm. 6.0.
Pulv. amyli, Gm. 4.0.
Zinci oxidi, Gm. 8.0.
Pariffini mollis, Gm. 16.0.
M. et ft. ungt.
Sig.: Spread freely on gauze and apply frequently.—Chicago Clinic.

Corns and Callosities.

Acidi salicylici, gr vi.
Ext. cannabis indicæ, gr. viii.
Alcoholis, m. xv.
Ætheris, m. xl.
Collodii flex., m. lxxx.
Apply every evening for eight days, then take a prolonged footbath and remove collodion and corn with a scraper.—Critic and Guide.

Cystitis.

℞ Arbutini, gr. xv.
Lithii benzoatis, ʒj.
Fluidextracti, zeæ,
Fluidextracti tritici repentis, of each, ʒij.
M. Sig.: A teaspoonful every two hours.—Med. Summary.

Epilepsy—Treatment of.

According to the experience of Thomas W. Atkinson in The Medical Fortnightly, March, 1912, the bromide treatment of epilepsy does more harm than good and, therefore, ought to be denied the justification that "there is nothing better available." He further states that the treatment of epilepsy with solanine and verbenine with lecithine intercurrently is available to all, and is so far superior to the bromide therapy as to admit of no comparison. Solanine and verbenine are organic, vegetable alkaloids, with a low chemical potential, a normal pharmacological action and a fractional dosage. Lecithine is a normal preparation of nerve substance, with no pharmacological properties at all, but an organotherapeutic action.

Under the bromide treatment his experience with epilepsy was the common experience of failure, and worse, so that he often deliberately withheld it as being the lesser evil. With solanine, verbenine and lecithine, he averaged a cure in 50 per cent. of his cases; by which is meant that at the end of a period varying from six months to a year he was able to discontinue the remedies entirely without a return of the seizures, while at the same time the patient's mental state was markedly cleared, and his general condition greatly improved. In all but a very small number of obstinate cases, the intervals between the fits were progressively lengthened and mentality correspondingly brightened.

Pneumonia in Children.

Dr. Abraham Jacobi, in speaking on a paper on this subject recently said that Dickson in 1836 wrote a book on the mortality and morbidity of pneumonia in children and he stated that at that time of fifty-five patients only one remained alive; to-day, out of the same number it was found that only one died. The difference in the mortality was, of course, due to the different methods of treatment. When Dr. Jacobi entered into the practice of medicine it was the custom to keep the rooms warm, the windows closed. Water was not given the sick, but warm teas were. The children were kept warm and covered; in fact, they were never uncovered. This was sixty years ago. Fat milk should not be given in any acute infectious disease; the carbohydrates were the proper food to give. Many cases of pneumonia got along without any treatment, but it had always been a question with Dr. Jacobi whether getting well without treatment with drugs meant that these patients really did get well. When a patient, ill with an acute infectious disease, suffered from symptoms which lasted ten, eight, or even five days, with a high temperature that remained unchecked for such a length of time, it was a mistake to believe in no treatment. High temperatures in these diseases injured the patient's vitality—injured the myocardium. It was his practice not to wait until things turned up; he did not believe in "Micawberism." Pay some attention to the heart. Give digitalis in the beginning of the disease, or strophanthus or both together. Babies who were wakeful should not receive caffeine. He believed in giving opiates to children as in adults. The best stimulant, however, was camphor given hypodermically, one part of camphor to four parts of sweet almond oil (not olive oil). In cases of pneumonia which did not readily undergo resolution, with thickened expectoration, etc., inhalations did well, especially with turpentine. The crude turpentine obtained from paint shops was what should be used. He had also used with success inhalations of chloride of ammonia; this salt was burned on a living coal or placed in a hot oven or stove. It aided very much in expectoration and was well worth trying. The giving of digitalis by the drop method was absolutely useless. He used this agent very

rarely. If he was dealing with a chronic case, however, knowing the heart muscle was in uniformly good condition, he might use it. One should remember that strychnine might overstimulate a weak portion of the heart and cause trouble. In cases of chronic endocarditis, strychnine should never be used. He seldom used it in small children. This was a drug that was used too much. In Europe it was not used to the extent that it was in the United States.

Pneumonia—Alcohol in Treatment.

Dr. A. F. Jones, in the British Medical Journal, March 23, says he is convinced that it is unwise and unnecessary to prescribe alcohol in every case of pneumonia, for it is possible that it may, and does, do more harm than good in many cases. He has divided his series of eighty-six cases into two parts, those of his former treatment and those of his later treatment, and on comparing the result in each category it is as follows: First series—Thirty-six cases with fourteen deaths, or 38 per cent. mortality. Second series—Fifty cases with nine deaths, or 18 per cent. mortality. The result is better without the routine treatment by alcohol. In cases showing signs of cardiac failure by increase in pulse-rate and weakness thereof, Jones prescribes alcohol, but his observation was this, that cases requiring alcohol generally proved fatal notwithstanding.

Renal Colic.

℞ Strontium bromid., gm. 6
Cherry-laurel water, gm. 10
Ether Syrup*, gm. 30
Morphine hydrochlor., gm. .05
Aqueous ext. of valerian, gm. 120.

M.—et ft. sol. Sig.—Tablespoonful to be taken every half hour until the pain disappears. —Robin, in Presse Medicale.

*Containing 20 gm. of syrup and 40 cg. of ether.

Rheumatism -Acute.

℞ Sodii salicylat,
Potass. acetat., aa ʒvj
Aquæ, q. s. ad., ℥iv

One teaspoonful, in water, half hour before meals and at bedtime.

Varicose Ulcers—Treatment of.

Stress is laid by the author on the fact that varicose ulcer is a mechanical condition, and should, therefore, be treated mechanically. After first stimulating the granulations locally with nitrate of silver, 30 grains to the ounce, the author covers the ulcer with sterile gauze as a protective, and applies long straps of adhesive to the dry skin on either side of the lesion until the skin is well wrinkled. Fluid is seen oozing from the ulcer by this squeezing process for several days. It is best to have the foot elevated upon two pillows until it has returned to the normal size. Massage and attention to the bowels are advisable. The adhesive straps should be changed upon alternate days or oftener. They occasion some pain the first few days, but the subsequent cure is rapid—three weeks to seven weeks in the author's cases. In none of the cases was there a recurrence. Elastic stockings, preferably made of linen, and put on over a white cotton stocking to absorb the perspiration, may be used after curing the ulcer, to support the dilated veins.—Dr. A. Gills, in New York Medical Journal.

Hospitals; Nurses' Training Schools.

German Hospital and Dispensary, Greenville.

The corner-stone of this hospital was laid in Greenville, Hudson County, May 19th, Governor Wilson, United States Senator Martine, Congressman Kinkead, Mayor Witpenn and others delivering addresses. Drs. Matheshiemer, Lambert, Platz, Rector and Vreeland are members of the Board of Directors.

The Hudson Observer of May 21st says:

"Charity finds no nobler or more useful expression than in the erection of hospitals and in their maintenance. The laying of the corner-stone of a new institution of this character this week in Greenville, by the German Hospital and Dispensary Association, was a noteworthy event, which the Mayor of the city and the Governor of the State did well to attend.

"The new hospital is needed, not only by the neighborhood in which it is being erected, but to relieve hospitals in other parts of the county which are frequently overcrowded. Those who are building it have worked hard to raise the money to rear its walls. They are practically dedicating themselves to years of struggle to keep it open, for the inner story of every hospital not supported by public funds is one of immense sacrifices by splendid men and women.

"But the builders may have this supreme consolation—no form of philanthropic endeavor does so much to relieve pain, is so sure of results and is so seldom cheated by imposters. One need never fear that money given to or work performed for a hospital will not accomplish the end in view."

St. Mary's Hospital, Orange.

Three large additions, which will involve a total cost of $132,000, will be erected to the main building of St. Mary's Hospital on the west side of Centre street, Orange. Plans for these alterations were approved recently by Building Inspector George P. Roberts. When the contemplated additions are completed, the hospital will be one of the largest as well as one of the best appointed institutions of its kind in Essex County. The additions will be erected on the north, south and west sides, leaving the present front of the building practically unchanged. Like the present structure, the extensions will be of brick.

Hospital Needed for Maternity Cases.

An article in the Hudson Observer calls attention to the great need of a hospital in Hudson County for maternity cases, as their best hospitals only receive them occasionally under protest or do not receive them at all. The statistics of 1912 are given as follows, the number of beds being given and the number of maternity cases in parentheses:

St. Mary's Hospital, Hoboken, 350 (6); St. Francis' Hospital, Jersey City, 224 (0); Jersey City Hospital, 183 (126); Christ Hospital, Jersey City, 100 (46); Bayonne Hospital, 75 (23); North

Hudson Hospital, Weehawken, 42 (22); total, 974 (223).

The article goes on to say: "Would it not be wise and practical for our County Board of Freeholders to erect somewhere within the city limits, an institution devoted to this one purpose? Let us have a maternity hospital, to which may be sent the poor, the transient, those who are boarding and the case complicated by convulsion or other dire dilemma, as well as those who can afford to pay the expense of their care."

Perth Amboy Hospital.

Miss Mary C. Sheppard, of Bridgeton, has been made superintendent of the Perth Amboy Hospital, in the place of Miss B. M. Bamber, who has resigned. A contract was awarded recently by the Board of Governors for the erection of a home for the nurses to cost about $12,000.

Hospital for Soldiers' Home, Vineland.

The Legislature passed a bill appropriating $50,000 for a hospital at the New Jersey Soldiers' Home.

State Hospital Entertainment.

Through the efforts of Dr. Britton D. Evans, medical director of the State hospital, a progressive euchre was given Wednesday night, April 11th, for the benefit of the patients. The amusement hall was decorated with palms and cut flowers and the hospital orchestra entertained with selections. After the distribution of the prizes refreshments were served.

"Open House" at Epileptic Village.

A baseball game between two teams of epileptics, a May-pole dance and an entertainment including a concert by the Epileptic Village band, will be some of the features of the fifth annual "open house" and inspection at the State Village for Epileptics at Skillman, on Saturday, June 1. The occasion will be used for a demonstration of what is accomplishel at the institution under the direction of Dr. David F. Weeks, the superintendent. There will be an inspection of the various buildings comprising the institution, and the methods of caring for the patients will be viewed.

Montclair Nurse Graduates.

Graduation exercises for the senior class of the Nurses' Training School of the Mountainside Hospital, Montclair, were held in Unity Church, Montclair, Tuesday night, May 21. Six young women were presented with diplomas.

Morristown Nurse Graduates.

The graduating exercises of the Nurses' Training School of the Morristown Memorial Hospital were held in the directors' room of the hospital, May 9th. Diplomas were presented to five female nurse graduates by President J. E. Taylor, of the Hospital Board, who presided. Addresses were made by Rev. F. L. Humphreys, of the Board of Directors, and Dr. F. H. Glazebrook, of the staff.

Newark City Hospital Nurses Graduate.

Dr. T. W. Corwin presented diplomas to 26 young women graduates of the nurses' training school connected with the City Hospital, Newark, on May 22.

Trenton Trained Nurses Graduate.

Five nurses of the Mercer Hospital Training School, Trenton, received their diplomas at the graduation exercises in the Prospect Street Presbyterian Church, May 23. The address to the graduating class was delivered by Alfred Stengel, M. D., a professor in the University of Pennsylvania, and the diplomas were presented by Hon. W. S. Hancock, president of the board of directors.

Married.

DECKER—ADAMS.—At Elizabeth, N. J., April 16, 1912, Dr. Charles Thurston Decker, of Westfield, N. J., to Miss Helen Louise Adams, of Elizabeth.

DONGES—FISHER.—At Camden, N. J., March 27, 1912, Dr. John W. Donges, of Camden, to Mrs. Adelaide Dowles Fisher, of Collingswood.

Personal Notes.

Dr. John K. Adams, Orange, was recently elected medical inspector of the Fresh Air Society of the Oranges.

Dr. J. Floyd Bowman, Irvington, and wife spent a few days last month in Bath, N. Y.

Dr. George N. Best, Rosemont, was, on May 1st, elected president of the Rosemont Cemetery Association.

Dr. Aims R. Chamberlain, Maplewood, has a picture and description of his combined office and residence at Maplewood in the May 4th issue of the A. M. A. Journal.

Dr. Frank M. Donohue, New Brunswick, and family have gone to their summer home, "Cedarcrest," for the summer.

Dr. Richard D. Freeman, South Orange, addressed the local troop, Boy Scouts of America, on the administration of first aid.

Dr. J. Edgar Howard, Haddonfield, on May 8th entertained the physicians of Haddon Township at his home.

Dr. Francis E. Knowles, South Orange, is having built a new house in Maplewood.

Dr. William S. MacLaren, Princeton, has opened his summer cottage at Bay Head.

Dr. George E. McLoughlin, Jersey City, addressed the local Woman's Club on "Impure Foods" on May 7th.

Dr. George G. Mills, Annandale, and family have gone to Hackettstown and occupied their new home.

Dr. Marcus W. Newcomb, Burlington, has moved to Browns Mills-in-the-Pines, N. J.

Dr. Richard C. Newton, Montclair, recently walked from that city to Lakewood and Atlantic City, and in the latter city addressed the Y. M. C. A. on "Modern Hygiene and Sanitation."

Dr. Horace G. Norton, Trenton, recently placed at the Mayor's temporary disposal sev-

eral vacant lots owned by him for persons who will use them for gardening purposes.

Dr. J. Boyd Risk, Summit, and family have returned home after a winter spent in Georgia.

Dr. Charles H. Schibner, Paterson, and family have gone to their summer cottage at Culver's Lake.

Dr. Henry H. Sherk, Camden, and wife celebrated the twenty-fifth anniversary of their wedding May 6th in their home.

Dr. Joseph A. Stites, Springfield, is a member of the Union County Grand Jury.

Dr. Maria N. Vinton, East Orange, gave an address on the various kinds of properties of foods before the Open Hand Club and the Mothers' Club of Hudson City, May 6th.

Dr. Elmer G. Wherry, Newark, addressed the Newark Anti-Tuberculosis Association on May 19th, on the spread of tuberculosis, speaking of ordinary house sweeping as one of the means of conveying and of the vacuum cleaner as a superior method of removing dust and dirt from rooms.

Dr. Abram E. Carpenter, Boonton, spent a week last month fishing in Pike County, Pa.

Dr. A. Clark Hunt, Metuchen; Drs. G. E. McLaughlin, Jersey City, and R. C. Newton, Montclair, have been appointed by the Governor as representatives from New Jersey at the International Congress on Hygiene and Demography, to be held at Washington in September.

Dr. Paul E. Kuhl, Trenton, has been appointed anesthetizer of the Mercer Hospital staff.

Dr. Isaac Barber, Phillipsburg, was appointed by Governor Wilson a member of the State Board of Assessors.

Dr. John K. Bennett, Gloucester City, has been proposed as a nominee for Mayor of that city at the next election.

Dr. William Brewer, Woodbury, on leaving the house of a patient March 21st, slipped and fell, fracturing the fourth metatarsal and middle cuneiform bones of the right foot.

Drs. Alex. Marcy, Jr., Riverton; John J. Mooney, Jersey City; E. H. Hill, Newark, and D. P. Borden, Paterson, were appointed by Governor Wilson members of the State Board of Medical Examiners.

Dr. Harry Vaughan, Morristown, gave an interesting lecture, with streopticon, on "External Eye Diseases," before the Summit Medical Society, at the Highland Club, March 29th.

Book Reviews.

Diseases of the Genito-Urinary Organs and the Kidney. By Robert H. Greene, M. D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and Harlow Brooks, M. D., Assistant Professor of Clinical Medicine, University and Bellevue Medical College. Third Revised Edition. Octavo of 639 pages, 339 illustrations. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $5.00 net.

A valuable and fairly full compendium on the general diseases of the Genito-Urinary Organs and the Kidney, with a brief description of the various sexual disorders. The chief aim of the writers is to produce a practical work and they have succeeded well.

Differential Diagnosis. Presented through an Analysis of 385 Cases. By Richard C. Cabot, M. D., Assistant Professor of Clinical Medicine, Harvard Medical School. Second Edition. Octavo of 764 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $5.50 net.

The combination of intellectual ability, mental culture and large professional experience has produced a work unsurpassed in its department. Its teachings are illustrated by most interesting and confirming cases.

Modern Methods in Nursing. By Georgiana J. Sanders, formerly Superintendent of Nurses at the Massachusetts General Hospital, Boston. 12 mo. of 881 pages, with 228 illustrations. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $2.50 net.

A well arranged and quite complete handbook on nursing. Its information, however, tends to carry the average nurse too far into the science and practice of medicine and causes her often to forget that she is the purse and not the physician. Such training may be necessary for those who themselves intend to become teachers of nurses, but the average nurse would give far better satisfaction to both patient and attending physician if she were drilled more in practical nursing and knew less about the practice of medicine and surgery.

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume I., No. II. Octavo of 291 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Published bi-monthly. Price per year: Paper, $8.00; cloth, $12.00.

This second number of "Surgical Clinics" is even more interesting and valuable than the first and is full of practical suggestions to the busy surgeon.

The Care of the Insane and Hospital Management. By Charles Whitney Page, M.D., Assistant Physician Hartford Retreat, 1873 to 1888; Superintendent Danvers State Hospital, Mass., etc., etc. Price, prepaid, $1. Boston: W. M. Leonard, publisher, 1912.

This little book is an admirable exposition and advocate of the "non-restraint" method of treatment of the insane in general hospitals. It serves to well illustrate the great advance we have made in the treatment of these unfortunates in the past one hundred years.

Progressive Medicine, Vol. I., March, 1912. Paper, $6.00 per annum. Lea & Febiger, Philadelphia and New York.

This volume of nearly 400 pages contains sections on surgery of the head, neck and thorax, Frazier; infectious diseases, Rurrah; diseases of children, Crandall; rhinology and laryngology, Kyle; otology, Duel. Like its predecessors, this number of the quarterly keeps its readers in touch with the latest advances in the departments presented.

It remained for a judge in Chicago to put a woman in jail for refusing to talk. All married men should contribute to a fund to carry her case to the highest courts.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Arizona, April	14	8	6
Colorado, April	9	8	1
Iowa, February.....	17	14	3
Massachusetts, March	62	41	21
Montana, April.....	31	25	6
Rhode Island, April..	11	9	2
Utah, April	5	5	0
Wyoming, March....	3	3	0

Reciprocity now exists between New Jersey and the following States: Maine, New Hampshire, Vermont, Pennsylvania, Ohio, Indiana, Illinois, Iowa, Minnesota, Michigan, Wisconsin, Colorado, Nebraska, Kentucky, Utah, Texas and West Virginia; also Washington, D. C.

Reciprocity in Pennsylvania.

The new Pennsylvania State Board of Medical Education and Licensure has completed an agreement with respect to reciprocity in the matter of license to practise medicine to be offered to other States. On licenses earned by examination reciprocity is to apply only to holders of diplomas from medical colleges recognized as in good standing by the licensing authorities of the State in which the candidate seeks the right to practice; the licensing authorities of either State are to follow the laws of their State in rating preliminary education. A regularly licensed practitioner applying for the benefits of reciprocity must have been in practise at least two years in the State from which he holds his license, but the licensing authorities of either State may in their discretion modify this requirement in any individual case. The applicant shall not have failed in any medical examination conducted by licensing authorities of the State in which he seeks to be licensed, and must appear in person before examiners, present satisfactory evidence of character and that he is not addicted to the intemperate use of drugs or liquors. Credentials as to personal and professional standing shall be required from the medical society of the county or State in which the applicant has been practising.

Medical Examinations in Illinois.

The State Board of Health of Illinois reports that during 1911, 432 licenses to practice medicine in the State were granted, the number of examinations being 646, and the percentage of failures 33. This is the highest percentage of rejections in the history of the board and indicates an increase in the requirements. Of the 179 osteopaths and other followers of "drugless healing" who appeared for examination during the year, only 61 were successful. Osteopathy has no official recognition in the State, and the examination given them by the board is the same as that given to other so-called "drugless healers," and embraces no form of treatment, the subjects covered being physical diagnosis, pathology and bacteriology, hygiene, chemistry, anatomy and physiology. The board also reports that licenses were granted to only 47 midwives out of 178 who were examined.

STATE BOARD OF PHARMACY.

H. A. Jordan, secretary of the board, announced recently who passed successfully examination as pharmacists at the April meeting. There were 55 registered pharmacists and 17 registered assistants. Among the successful 55 there was one woman candidate.

Public Health Items.

Camden's Municipal Hospital.

This new institution was inspected May 20th by the Mayor, members of City Council, Board of Health, and many others. Among those who spoke were Drs. G. E. Kirk and W. H. Kensinger, who are members of the City Council, and H. H. Davis, president of the Board of Health. Drs. Mines, Collins, Bushey and Middleton were also present.

All contagious diseases but smallpox will be treated. For that disease a building will be erected subsequently and a detention room for convalescents is also contemplated.

Despite the fact that it is conceded to be the finest institution of its kind in New Jersey, the new Municipal Hospital for Contagious Diseases will cost the city of Camden about one-half as much as similar institutions have cost other cities.

Jersey City Drives Out Dairy Cows.

Drastic action was taken by the members of the Jersey City Board of Health at their meeting in the City Hall, May 7th, to remedy the shocking condition of the milk business of the city. The board was in session less than an hour, but in that time had adopted measures that will force unclean dairymen doing business in the city limits to mend their unclean methods of preparing milk for the consumer or to discontinue their business.

Of twenty-seven dairies located in the city, only three were given a clean bill of health by an investigating committee. An ordinance was introduced and adopted which will, after May 1, 1913, prohibit any firm of milk dealers from keeping cows within the city limits.

Drs. H. H. Brinkerhoff and G. E. McLaughlin were present and favored this action.

Thirteen dairies in Bayonne, Secaucus and North Bergen were inspected on three different days, and of these only three were found to be in a sanitary condition. One in which there were 36 cows was characterized as "vile and filthy" in its condition, as regards stable, cows, gathering and bottling of the milk. A one-inch board separates the "so-called milkhouse" from an outbuilding.

Jersey City's "Know Your City Week."

Dr. Henry Spence, chairman of the Public Health Committee, has named every physician in Jersey City as a member of his committee. Section chairman for the various sections of the city have been appointed—Dr. A. P. Hasking, old Jersey City; Dr. Wallace Pyle, Bergen; Dr. Ulamor Allen, Hudson City; Dr. J. A. Chard, Greenville. Dr. Spence's idea is to make a determined effort to improve the health and sanitary conditions of Jersey City.

"Is there anything ultra-mendacious about that man?" "Nothin' so bad as all that, but he's a big liar."

Morris County Tuberculosis Hospital.

The Board of Freeholders have purchased 87 acres of land adjoining the almshouse lands in Morris and Hanover Townships as a site for the proposed tuberculosis hospital.

Licensing Power of Health Boards Limited.

The Supreme Court of New Jersey holds that boards of health have no power to require that wagons used for gathering and removing slaughter-house refuse and the like be licensed by them, and, further, that a license fee of $50 for each wagon engaged in gathering and removing slaughter-house refuse and the like is for revenue, and an exercise of the taxing power unwarranted by the statutory powers of boards of health. The court says that the nearest approach to such power conferred by the statutes of New Jersey is in the authorization of the board to regulate, control and prohibit the keeping or slaughtering of all kinds of animals, and the accumulation of offal and all decaying or vegetable substances; but these powers do not authorize the licensing of wagons to remove offal and the like. The method provided by the act of enforcing the ordinances of the board of health is by prescribing a penalty for their violation. When the Legislature meant to authorize the board to license an employment, it said so in express language, as in the supplement of May 9, 1889, which authorizes it to license persons engaged in the business of cleaning cesspools and privies, and to require all vehicles used in the business to be approved by the board.—M. L. Shoemaker & Co. vs. Board of Health of Gloucester City (N. J.), 81 Atl. R. 349.

A Graveyard of the Living.

"Doctor," said a Virginia physician to a visiting health officer, "I want you to go with me down the street to a graveyard of the living. It will be interesting."

"A graveyard of the living," asked the health man, "what do you mean?" The doctor said nothing, but led the way to a little two-room house down a side street near a river. He knocked at the door, was admitted, and introduced his companion to the old woman who was sitting by the fire.

"Yes," she said, in reply to the local doctor's question, "Mary's sick and so is Sallie. They both had to stop work because they were coughing all the time and falling off. They're beginning just like poor Joe and Lucy did. They were taken in the same way, you know, and died right there on that bed. Their father had died before them, and now it looks like the whole family is going to be swept away. It's awful, doctor, awful; and I don't know what to do."

While the family physician was talking with the old woman, the health man's eyes were roving over the room. It was cold out-of-doors, to be sure, but the room was like a drum. The one window in the room had been sealed to the sash with strips of paper, a hole in the pane had been carefully patched; even the keyhole was stuffed with a bit of rag and draughts were kept from beneath the door-sill by an old piece of carpet. Yet in that room three had died and two were dying!

"You see now why I call it a 'graveyard of the living,' don't you?" said the local doctor. "That woman positively will not let any fresh air into the room. She has the rheumatism and says the fresh air will kill her. So she prefers to let the foul air kill her children. All the family have had consumption, all contracted it from the father, who lived in that close room, spread the germs by spitting wherever he wanted to, and died on the bed where two of his children have since died."

The health man groaned: "Yet they call this civilization," he said.—Virginia Health Bulletin.

Discipline in Institutions.

A writer in the Newark Evening News, April 4th, signing "M. D.," says:

I had always believed that the object in supporting the various county institutions was, first, to provide adequate care and surroundings for the patients, and, secondly, to protect the community from the various conditions needing isolation.

At the tuberculosis camp at Soho the first of these conditions is met with great efficiency. The patients get good care and the location is ideal. The second responsibility is ignored. To illustrate: An Italian fought with another patient. He was sent home. Presently his wife began to have hemorrhages. She must go to Glen Gardner. The four children can be sent to relatives. What is to become of the man? The Soho authorities refuse to allow him to return to Soho. This same system of discipline is in use in the Hudson County tuberculosis camp at Laurel Hill.

It seems to me as absurd to allow a tuberculous patient to be at large as it would be to punish an insane man by giving him his freedom. The insane man might injure himself or his neighbors physically, but the tuberculous patient injures his family and the community in a more insidious manner. Is there no way in which the community could be protected from tuberculosis as it is at present from the abnormal mental conditions?

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, April, 1912.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending April 10, 1912, was 3,344. By age periods there were 549 deaths among infants under one year, 256 deaths of children over one year and under five years, and 1,109 deaths of persons aged sixty years and over.

The number of deaths from typhoid fever is lower than for any period during the past two years. Deaths from cancer are also lower than the preceding twelve months, while tuberculosis and pneumonia both show a decrease from the corresponding period last year.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending April 10, 1912, compared with the average for the previous twelve months; the averages are given in parentheses:

Typhoid fever, 14 (28); measles, 37 (21); scarlet fever, 18 (17); whooping cough, 16 (28); diphtheria, 36 (45); malarial fever 0 (2); tuberculosis of lungs, 373 (315); tuberculosis of other organs, 56 (54); cancer, 131 (163); diseases of nervous system, 394 (355); diseases of circulatory system, 441 (386); diseases of respiratory system (pneumonia and tuberculosis excepted), 319 (233); pneumonia, 358 (249); infantile diarrhœa, 56 (209); diseases of digestive system (infantile diarrhœa excepted), 178 (184); Bright's disease, 255 (234); suicide, 35 (34); all other diseases or causes of death, 627 (639); total, 3,344 (3,196).

Laboratory of Hygiene—Bacteriological Dept.

The following specimens for bacteriological diagnosis were made: Specimens received from suspected cases of diphtheria, 343; tuberculosis, 514; typhoid fever, 190; malaria, 26; miscellaneous specimens, 72; total, 1,145.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending April 30, 1912, 649 samples of food and drugs were examined in the State Laboratory of Hygiene, with the following results:

All the following articles were found to be above standard: 13 breakfast foods; 6 cocoa; 16 cream; 160 eggs, in shell; 1 honey; 8 molasses; all 39 of spices; 149 canned tomatoes; 5 vanilla extract; 1 of white vinegar.

The following number of samples were below standard: 27 of the 192 of milk; 3 of the 7 of butter; 16 of the 35 of candy; 6 of the 14 of cider vinegar; 1 of the 2 of olive oil.

Twenty-six suits had been instituted against parties where articles were found below standard, 23 of milk and 3 of butter.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month, 272 dairy inspections were made. The following columns show the number inspected and the numbers of those found to be 60 per cent. above and 60 per cent. below the perfect mark:

	Number inspected.	Above 60%.	Below 60%.
Burlington	1	0	1
Camden	4	3	1
Essex	34	22	9
Hudson	3	2	1
Hunterdon	130	56	71
Mercer	23	19	3
Middlesex	4	3	1
Morris	23	9	12
Passaic	1	1	0
Salem	17	5	12
Somerset	26	18	8
Union	1	1	0
Warren	4	1	3
Sullivan, N. Y.	1	1	0
Totals	272	141	122

The number of dairies stopped producing milk were 3 in Essex, 3 in Hunterdon, 1 in Mercer and 2 in Morris Counties.

No. of dairies; first inspection..... 164
No. of dairies; reinspection..... 108
No. of milk depots inspected..... 13

Inspections were made at the request of the following local boards of health: Caldwell, Collingswood, East Orange, Hopewell, New Brunswick, Orange, Perth Amboy, Princeton, Salem and West Hoboken.

CREAMERIES INSPECTED.

Belle Mead, Blairstown 2, Camden 3, Chester 3, Hackettstown, Hopewell, Middlebush, Millington, Newark 3, Reaville, Salem 3, Three Bridges, White House, Woodstown, N. J., and Liberty, N. Y.; total, 22.

Letters sent to creamery operators, 13.

ICE CREAM FACTORIES INSPECTED.

Blairstown, Hopewell, Lawrenceville, Montclair, Newark 2, New Brunswick 6, Pennington, Riverside 4, Salem; total, 18.

Ice cream factory licenses recommended, 5.

During the month ending April 30, 1912, 141 inspections were made in 65 cities and towns. The largest number of inspections made were 21 in Trenton, 15 in Jersey City; 12 in Camden; 6 each in Atlantic City, Elizabeth and Newark, and 4 in Rahway.

The following articles were examined during the month, but no samples were taken:

Milk, 585; butter, 583; food, 1,085; drugs, 70.

Other inspections were made as follows:

Milk wagons, 283; milk depots, 81; grocery stores, 339; drug stores, 8; slaughter-houses, 60; cold storage warehouses, 25; oleomargarine investigations, 2; fish markets, 2.

Meat inspections: Beef, 15; veal, 5.

Division of Sewerage and Water Supplies

Total number of samples analyzed in the laboratory, 249: Public water supplies, 122; private water supplies, 47; bottled water supplies, 3; State institution supplies, 10; miscellaneous water supplies, 26; sewage samples, 41.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, Burlington, Dover, Gloucester 2, Mercerville, Millville, Morris Plains 2, Mount Holly, Orange, Pennington, Perth Amboy, Princeton, Raritan, Rockaway, Skillman, Spring Lake.

Sewage disposal plants and sewerage systems inspected at Bordentown 2, Burlington 2, Caldwell 2, Collingswood, Essex Fells, Haddonfield, Haddon Heights, Long Branch 2, Merchantville, Millington, Millville, Moorestown, Morris Plains, Morristown, Mullica Hill 2, Ocean City, Phillipsburg, Princeton, Rahway, Ridgewood, Riverside 2, Roebling, Skillman, South Amboy, Trenton 2, Verona, Washington, Woodbury, Woodstown Wortendyke.

Stream inspections on Barnegat Bay, Crosswick's Creek, Delaware River, Elizabeth River, Hackettstown Brook, Haines' Creek, Mantua Creek, Musconetcong River, Passaic River, Pequest River, Pohatcong Creek, Raccoon Creek, Rancocas Creek, Raritan River, Shabbacong Creek.

Number of stream pollutions reported..... 153
Reinspections of stream pollutions made... 228
Stream pollutions abated..... 78
Notices to cease pollution issued..... 32
Plans for sewerage systems, sewage disposal plants and extensions approved.... 8
Plans for sewerage systems, sewage disposal plants and extensions disapproved. 3
Plans for water supply systems approved... 1

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PRESIDENT'S ADDRESS.

Delivered at the 146th Annual Meeting of the Medical Society of New Jersey, Spring Lake, June 11, 1912.

PROBLEMS CONFRONTING THE MEDICAL SOCIETY OF NEW JERSEY.

By Daniel Strock, M. D., Camden, N. J.

This session completes the one hundred and forty-fifth year of the existence of the Medical Society of New Jersey, the oldest State Medical Society in this country, whose organization antedates the Declaration of Independence by ten years, and whose organizers and members subsequently gave their services to their country, struggling for liberty. From that day to this, the members have responded to their country's call in its various periods of danger, and have been foremost in devoting their services to the public good, whether it be in the most noble and arduous capacity of a country doctor, who thus continues the work of the original organizers of this society, who were all country doctors, or as city and town physicians and surgeons, connected with hospitals or other public institutions, or as physicians discharging their daily duties to their private patients, at the same time engaged in the service of the municipality or the State.

From the day of the first president of this society, the preacher-doctor, McKean, down to my immediate predecessor, Mackenzie, all who have received this distinguished honor at your hands have devoted their talents to the uplifting of the profession and the advancement of the public good.

Notwithstanding the efforts thus put forth, too often it has occurred that recommendations made from this desk have fallen upon unheeding ears, and suggestions that would redound to the good of the State and to the credit of this society have failed of realization. A recent instance of this was the recommendation and able argument of former President Alexander Marcy, Jr., for the establishment of an institution for the treatment of inebriates. Now, certain States are accumulating vast areas of land and expending large sums of money in this great public work; and New Jersey continues to send her intoxication-insane to the institutions for the care of the really insane.

On the other hand, it has occasionally occurred that a recommendation of a president has received the attention that its merits deserved, and the society has used the great influence it has always possessed and has caused the recommendation to be a realization. Of this class of results obtained may be mentioned the recommendation of former President H. Genet Taylor, that a State Society journal be established, in which should be published the transactions and other matters of interest to the profession. Dr. Taylor has long had the extreme satisfaction of knowing that his suggestion has received the approval of his colleagues in the society; but he can be excused if he did not foresee the ultimate result of that suggestion. The Journal of the Medical Society of New Jersey thus becomes to him a monument more enduring than stone, for it will continue as long as this society exists. How far extending was Dr. Taylor's recommendation, made in 1888, is evidenced in the Journal as we have known it for several years past and as we know it to-day—an institution of which the society can be proud, and one which every individual member should feel it a privilege

to support. Under the able editorial management of former President David C. English, it has achieved and is maintaining a prestige and force that makes it a power not only in the State, but in the land; for its editorials have a wider circulation than the Journal alone can give them. To the chairman of the Publican Committee, Secretary William J. Chandler, credit is due for the able business management that is so important a part of issuing a journal, and which has resulted in the saving of many hundreds of dollars to this society. It is a lamentable fact that in many of the county societies of the State there are members who do not receive the Journal, due to failure to promptly pay the annual dues, and they are thus cut off from the information and instruction that it is their privilege to receive. As this condition of affairs is frequently due to thoughtlessness or procrastination on the part of such members, the component society's secretary or treasurer should not deem it a menial service or undignified to make a personal effort to establish such member's good standing in the society, thereby enlarging the field of usefulness of this society's Journal.

A further instance in recent years, where a recommendation from this chair has been accepted as the action of the society, is that of former President Luther M. Halsey, who proposed that a tuberculosis sanatorium be established in this State. This suggestion was approved, and as a result of the efforts of the Legislative Committee of the society, a law was passed establishing the tuberculosis commission, followed by the erection of the sanatorium at Glen Gardner, with its humane care of the afflicted, as we know it to-day. And it is possibly not an exaggeration to say that the ultimate result of that suggestion is the law that has recently been enacted providing for the establishment of county tuberculosis sanatoriums.

In singling out these instances of the fruition, or lack of fruition, of recommendations of my predecessors, it is done only to emphasize the assertion I have previously made—that all have devoted their talents to the uplifting of the profession and for the advancement of the public good; and, without citing other cases, it can be said that the instances where the president's address has reached the archives unacted upon far outnumber those where their value was appreciated. No doubt some historian of the future, in considering what was done subsequently to the days of President Mackenzie, will point out that other presidents' recommendations suffered a like fate. Be that as it may, it can be said of the past, that probably the chief reason why the annual address has so frequently been unheeded was due to the fact that there was no individual or committee whose duty it was to consider the president's recommendations or suggestions, and thus, in the hurry of other business engaging the attention of the society, the favorable opportunity passed. By resolution unanimously adopted at the annual meeting last year, a committee was appointed to consider the president's address and to report to the society favorably or unfavorably upon it. The membership of this committee will lapse with the outgoing president, but, in the judgment of the speaker, the interests of the society will be served by the continuance of such a committee in the future.

One who presumes to inveigh against established customs does not necessarily popularize himself; and frequently some one enters upon a crusade of reform with the certainty that to a majority of those interested in the subjects discussed, the agitation is distasteful. But, in nearly all cases, the individual is credited with sincerity of purpose, even though we may not endorse his views. Believing I may command this measure of indulgence from the members, I venture to call your attention to a few of the problems that I believe now confront the Medical Society of New Jersey.

As has previously been stated, this society is one hundred and forty-five years old, and while it has departed from the customs that prevailed in the beginning of its existence, yet for nearly one hundred years it has not done otherwise than select its president and vice-presidents in the manner that obtains to-day. Even in those pre-Revolutionary days, when the society met at New Brunswick, Elizabethtown and Princeton, medical changes in the conduct of its business was made with apparent reluctance and slowly; and that has been its policy until this day, as is known to all. But to assume that a custom even one hundred years old cannot be set aside to the advantage of those concerned is to deny the merits of progressiveness.

A proposition I desire to suggest is that at a certain period in the future, the present manner of selecting the president and three vice-presidents be changed, and when this change is effected, the president shall be selected without necessarily having occupied the chair of any of the vice-presidents, and then shall be known as the president-elect;

and that the vice-presidents selected at any annual meeting shall serve only until the next subsequent annual meeting, the vice-presidents to be known as first, second and third. Of course, nothing in this plan would prevent any one of the vice-presidents from being selected as the president-elect at the next session. And, on the other hand, as would be the case with the president, new vice-presidents might be selected every year; thus giving the minor honors to a larger number of members in the course of time. Under this arrangement, as is now the custom in the American Medical Association, the president-elect would enter upon the duties of president at the following annual meeting.

It is proper to say that while this would constitute a very radical departure in the method of transacting this particular business of the society, yet the proposition does not contemplate doing any injustice to any vice-president in line to promotion to the presidency, for under any circumstances, the plan could not be put into effect until the expiration of four years subsequent to any annual meeting where the change may be adopted.

It is a matter of detail as to which of the vice-presidents the honor of delivering an address should be accorded; but this should be a duty associated with one of these ofces, and it could, perhaps, with greater propriety, be connected with the office of third vice-president, thus constituting a continuation of the custom so long established. Under the suggested method of electing these officers there would be no certainty that the third vice-president, or the first or second vice-president, would ever attain to the presidency, as circumstances may arise that would cause the election of other members to these offices at the subsequent annual meeting. Therefore, it is proper that more than the simple honor should attach to one of the vice-presidents, and this additional honor could well be associated with the third vice-president, notwithstanding the incumbent of that office may be the president-elect the following year.

In suggesting this change in the method of selecting the chief officers of the society, I do not claim originality for the thought, for the proposal was made some years ago by Dr. E. L. B. Godfrey, in a resolution which he offered from the floor; and I have no recollection of the reasons advanced by him. My thought is that the suggested method would add interest to the meetings of the society; would stimulate the ambitions and attendance of a larger number of members, as it would increase the opportunities for honors among the membership, for, whereas but one vice-president is now elected each year, under the proposed system there would be three elected, and, perhaps, all of them for the first time attaining to the offices. But, in my judgment, the most important reason for the change is the fact which we learn from the society's history—that, in not a few instances, the member elected third vice-president, and therefore in line for the presidency, has never attained the latter office, because in the four years that must intervene death has claimed him for a victim. If, at the time these selections were made, the suggested method was in vogue, some, at least, would have attained to the full honor that the society desired to bestow. We all understand the stimulus of an unexpected honor, and the honor that now is associated with the election to the third vice-presidency, and the honor that would accompany the election of the president-elect under the proposed system, are and would be unexpected in the sense that these officers can have no advanced certainty of their selection; and the same stimulus to action that now actuates the third vice-president would be present with the president-elect, without the abatement that may ensue after four years—for it may be doubted if any president approaches the preparation of the annual address with the same vigor and enthusiasm that he bestowed upon the third vice-president's address.

I have long been impressed with the conviction that there is an unnecessary lack of ceremony attending the transaction of certain of the business of the society. For instance, it should be the duty of the president to specifically announce the names of the various officers elected, immediately following the announcement of the vote by the secretary, thus giving official finality to the action of the society.

Very few of the members, probably, know how the transfer of authority from the outgoing president to the incoming president is effected. They have observed the president in the chair faithfully discharging the duties of the office during the sessions of an annual meeting, and when they return the following year, they see a new face and a new presiding officer, and until that moment did not realize, perhaps, that the individual whom they had passed but a short time previously upon the street or in the hotel lobby was the president they had voted

for upon the recommendation of the nominating committee. Apparently, by some mysterious means, the visible emblem of authority had been transferred from one personality to another; but when or how? In the past this transfer has been effected by devious ways, and does not concern the present discussion.

In my judgment, the transfer of authority should be made in the presence of the largest number of members present at an annual meeting, and should be attended by a brief ceremony that would be calculated to impress—not alone the president-elect, but the assembled members—with a realization of the importance of the event. In connection with such ceremony, it would add dignity to the office, and command the increased respect of the members, to require the president-elect to publicly assume the following obligation:

"Having been duly elected the president of the Medical Society of New Jersey, I do solemnly declare that I will faithfully perform the duties devolving upon me, and endeavor to promote the objects of the society."

Under the present system of electing the officers, in my judgment the most suitable time for such a ceremony as here outlined would be at the banquet table, immediately preceding the introduction of any speakers who may be present. Thus, the exercises would be in the presence of the largest possible gathering of the members, and would practically be at the close of the incumbent president's term of office; for but one short session remains ever which he can preside.

While we instinctively recognize the president of this society as the titular head of the profession of the State, yet in the interval between the annual meetings very little thought is given to him, and very little consideration is given to the fact that he may be of service to the profession on other occasions than the annual meeting.

Impressed with this thought, I caused a resolution to be introduced two years ago, at the meeting at Atlantic City, providing that it should be the duty of secretaries of the various component societies to notify the president of the Medical Society of New Jersey of every regular meeting of such component societies, this notice thus constituting an invitation to the president to attend the meetings, at his convenience.

Like many innovations, this one evidently has not yet been put in successful operation, for, during the past year, the president was thus honored by only three component societies of the twenty-one in affiliation with the parent society.

As the present incumbent of this chair is no longer in a position to receive this courtesy, he can with propriety direct the attention of the various component societies to the desirability—really, the importance—of fostering closer fraternal relationship with the president of the State Society; and this closer relationship would prove, perhaps, to be of greater service to the president than to the component societies. But, it could not be otherwise than mutually profitable, and would add strength to the bond that now exists between the parent and the component societies, and we can well believe that it would tend to stimulate interest in the parent society, which added interest must take the form of increased attendance at the annual meetings. On behalf of those who shall succeed me in this chair—on behalf of the profession of the State—I desire to impress upon the secretaries of the component societies the importance of this matter, and would urge that hereafter timely notice of the meetings be forwarded to the president.

That this courtesy could with propriety be extended to the secretary of the society and to the editor of the Journal must be evident to all; for they are permanent officers, in the sense that the incumbents may for years retain their positions, and the intimate personal contact with the component societies thus recommended, must result in increased usefulness to this society and to the general profession of the State.

In all societies and in all organizations, medical, secular or religious, the permanent recording of the business transacted is considered of vital importance to the membership, and may be of importance to those who are not yet members. This duty, as performed by the secretary, is usually vised by the society at the meeting immediately following the one at which the business was transacted. Frequently this inspection of the minutes is simply perfunctory, and too often is omitted.

In my judgment, it is a mistake in the case of a society meeting annually to postpone the consideration of the minutes for an entire year; and particularly is it a mistake, in the case of a society like this, having a business body meeting several times during a period of three days, for the members to have no opportunity to learn what has been recorded in the minutes or to make corrections, if desired.

It is true, the minutes in their entirety

are published in this society's Journal, but if there are any changes or corrections desired by any member, it then becomes too late to effect the changes or corrections, except by the ponderous method of writing a letter to the editor.

In this connection, I desire to recommend that a synopsis at least of the minutes of the House of Delegates shall be presented and read at the meeting of the house immediately succeeding that to which the minutes refer.

I am well aware that this will entail increased labor upon the part of the secretary, and may, to some members, appear to be unnecessary. But, in my judgment, it is businesslike, and it is possible for it to be a matter of importance. This suggestion does not contemplate the re-reading of the reports of the various standing committees and the discussions pertaining thereto; but it would involve the presentation to the House of Delegates of the minutes referring to new business and the action taken thereon. It is in this connection, particularly, that members should have opportunity to scan their work and note if it is good.

Too often it is the case that societies do not appreciate the amount and the quality of the work done by the secretary; accepting it as a matter of course, they fail to realize that time devoted by the members to recreation or other pursuits in their own interests is frequently utilized by the secretary in some occupation pertaining to the manifold duties of the office.

Appreciating the fact that the change in the business methods of the society thus recommended will largely increase the secretary's labors, but convinced of its desirability and importance, and urging its adoption, I would further recommend that the office of assistant secretary be created, which office should be strictly honorary in character, but the duties of which should be to render such assistance to the secretary, particularly during the period of the annual meetings, as he may require.

There should be created a committee to be known as the Publicity Committee, to be annually elected by the society and composed of members with special qualifications for the discharge of the important duties that would be entrusted to it. Much of the business transacted by this society and much that has been presented in the addresses and the scientific papers read in the past, would have been of interest to the general public had it had access to this information; much of it would have made a deeper and more permanent impression upon the members themselves, if confronted with it in their daily or weekly papers. But, a large mass of it is as if it were not, because the persuasive effect of iteration and reiteration has not been invoked. It is true, the transactions of the society, including the addresses and papers read, are published in the Journal of this society, which thus places them in permanent public form and makes them accessible to all the members; and it is also true that, in pursuance of the liberal and wise policy of the Publication Committee and the editor, a system of exchange exists between many of the prominent newspapers of the State and the Journal, yet this does not place the editors of these papers in a position to infallibly decide what this society would have published of its proceedings; and it would be in deciding this point that the committee now suggested would be authoritative. This proposition does not involve the overwhelming of the lay press with synopses of the transactions or papers of public interest, immediately after the adjournment of the annual meeting. This would be impracticable, and certainly the attempt to do so would be unwise. But, as in the program now before you, there is material for presentation to the public during the entire interval between the present and the next meeting of the society.

We believe the time has arrived when the Medical Society of New Jersey should assert the prerogative of a teaching body to the general public. In recent years the lay press has devoted much space to articles pertaining to medical subjects—some of them correct and instructive; some incorrect and, therefore, misleading. The incorrect and misleading articles are chiefly due to the fact that editors are not physicians. But editors, in their public capacity, have long realized that the people desire a better knowledge of many subjects that have heretofore been concealed by the physicians; and in their efforts to supply the information thus demanded, it may occasionally occur that incorrect information is given unintentionally. We believe every newspaper editor or proprietor in the State would welcome the innovation that would place in their possession correct information upon medical subjects in a form that could be used in their columns, and would thus continue to be co-workers with this society in its mission of public educator.

I am most reluctantly constrained to refer to a subject that deeply interests every

member of this society, but, in this presence, is unpleasant to refer to; and that is, the attitude physicians should observe when a colleague is threatened with suit for malpractice. This is an ever present danger to every practitioner, and none has certainty of escape. During the past year charges of malpractice have been brought against at least ten physicians in this State, involving claims that, in some instances, were trivial, in some unjust; but, in every case, prompted by greed or revenge. Apparently an endemic of this character is prevalent in the State, due to the same causes that have in recent years made damage suits against corporations so large a part of the business of the courts. But in the class of suits we are considering, unquestionably the most important factor—not alone in their institution, but in their prosecution, is the other doctor, without whose assistance suit would not be brought. Frequently, the inception of the charges has been the thoughtless, but unkind, criticism of a fellow practitioner, who has subsequently regretted the act; but, too often, it is the deliberately expressed opinion of a colleague who is also willing to aid in the subsequent humiliation and distress of the victim of this unkindness—forgetting, or not realizing, that he may be encouraging one of his own patients to serve him in like manner.

We all know that a doctor may be brought into court on a subpoena and compelled to give testimony that may be inimical to a practitioner charged with malpractice. For this there is no remedy. But the prosecution of such a case depends upon the information and assistance rendered to the complainant and the attorneys engaged in the complainant's interests. For this there is a remedy; for without this assistance of an unfriendly colleague there could be no expectation of mulcting the victim of cupidity or revenge, and the suit would not be prosecuted. A well-known playwright was correct when he said that "the only evidence that can decide a malpractice case is expert evidence—that is, the evidence of other doctors."

That this evidence is so frequently at the command of malpractice claimants is a reproach to the profession, and indicates a lack of fraternalism that is sad to contemplate. No one can understand the mental distress and humiliation that must result from charges of this character except he has experienced the ordeal; and it is equally difficult to understand how any doctor can render aid or information that must result in this humiliation and distress to a fellow practitioner, and possibly great financial loss also. While there is nothing in the code of ethics that specifically prohibits such action upon the part of a member of the profession, yet in a broad sense it does counsel charity and forbearance and the fostering of a spirit of brotherly love. And it is inconsistent wth this implied mandate for any physician to become a party to the conspiracy existing between a lawyer and his client to secure damages from a doctor whose only guilt, at most, may be an error of judgment—certainly not a crime against the individual or the State. Such aid, coming from a doctor, certainly should only be rendered by one who is incapable of error on his own part, thus putting in practice the Biblical injunction, "he who is without sin, let him cast the first stone."

A stigma properly attaches to the doctor who thus aids in the prosecution of malpractice cases—even though he may be unaware of the feeling thus engendered; and the practice should be made odious to a degree that would, in the future, deter those tempted to engage in it.

In conclusion I desire to express my sincere thanks for the great honor that has been conferred upon me, in placing me in the position which gives opportunity thus to address you. To be president of the Medical Society of New Jersey is the greatest honor that can come to a physician in this State, and to have been selected by you to receive this honor is a cause for deepest appreciation upon my part.

Spinal Anesthesia.

Dr. O. Richards, in the British Medical Journal, December, 1911, presents a study of 500 consecutive cases in which spinal anesthesia was employed. He concludes that this method, owing to its limited field, can never replace general anesthesia. Yet in a number of cases spinal anesthesia offers advantages which cannot be got in any other way, and its apparatus and technique are so simple that it is worth any surgeon's while to use it whenever there is anything definite to be gained by it. In the large number of cases in which there is nothing to choose between the methods the use of stovaine becomes a matter of taste and convenience. There seems to be a tendency in England to regard spinal anesthesia as a dangerous method and one that can only be employed successfully by a few experts who have devoted their attention to it. As far as the author's experience goes this is less true than it is of chloroform—the danger of spinal anesthesia is about the same, and the skill required for its administration is less.

3D VICE-PRESIDENT'S ADDRESS.

Delivered at the 146th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, N. J., June 12, 1912.

THE EVOLUTION OF ABDOMINAL SURGERY WITH RECOMMENDATIONS AS TO TECHNIQUE.

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This paper will attempt not so much a history of progress in the branch of professional work concerned, as a consideration of some of the more important factors responsible for present as compared with past conditions, and finally a presentation of what it is hoped are certain practical technical measures.

Whether or not evolution, as commonly understood, has played any fundamental or initial role in the scheme of the universe, it at least appears to *describe* much that has transpired in the geologic and biologic affairs of the world. It seems, also, to have been the order of events in man's development of the arts and sciences. Even the same fluctuations that are traced in the story of strata, and fossil remains of flora and fauna, may be observed in these higher accomplishments of the human race.

Surgery in general, and the particular branch of it now under consideration is no exception to the rule and it would seem that we can well afford now and then to indulge in a retrospect of past achievements, a contemplation of present conditions and, so far as may be, a forecast of future possibilities.

The present is, moreover, a fitting time for reminiscence in view of the recent passing of one who was, perhaps, the most potent of all factors in the evolution of surgery in general and of abdominal surgery in particular—Lord Lister.

All recognize, in a general way, that it is our privilege to live in the age of surgical renaissance but human nature is prone to forget or ignore, unless attention is especially directed to them, the immediate or causative factors that have made such a period possible. Asepsis and anæsthesia are such commonplace matters with us to-day that we scarcely stop to consider the part they played a half century ago in the evolution of surgery—more especially of abdominal surgery—and it is a curious coincidence that these two most important agents in modern intra-peritoneal operations were offered to the world almost simultaneously. Operative work outside the abdominal cavity had reached a high degree of technical perfection before the days of Lister, Morton, Wells or Simpson. Gross regional anatomy was well known and the surgeons of the Hunterian era were as skilfull, perhaps, as any of the present day in difficult and delicate operations about the head, neck and extremities; yet abdominal operations, though not unknown, were in a small minority. As already suggested, anatomical difficulties could not have been the preventive handicap, for abdominal anatomy is simpler than, for instance, cervical. Lack of technique depended only on lack of opportunity and experience in this particular field, in view of the fact that those older surgeons were, as a rule, good technicians. It then becomes evident that abdominal surgery lagged because of the dread of results in the pre-antiseptic days and the obstacle presented by a rigid abdominal wall before anæsthesia permitted the door of entrance to be readily kept open. The surgeon who now occasionally finds his work impeded by the semi-rigidity of an indifferent anæsthesia can well understand the inherent difficulties under which those labored who attempted intra-abdominal operations in the days of no anæsthesia.

The convenience of the operator entirely aside, surgeons in those times were, as now, men of humane sentiments and were loth to inflict on their patients the torments of the operating table except in cases where it was an absolute necessity for the immediate saving of life. Moreover, patients, as can be readily understood, refused to submit to the knife except as a dernier resort. One writer says: "Surgical operations were a hell to patients and a purgatory to operators." John Hunter is said to have declared that "An operation is a confession of failure and the last resort of our art." Cheselden, Brodie, Warren, Listen, Simpson and dozens of others bore similar testimony. According to Keen[1], "In the five years before the introduction of ether (1846) only 184 persons were willing to submit to such a dreadful ordeal in the Massachusetts General Hospital—an average of 37 operations a year, or 3 a month. In the five years immediately following its introduction, although the old horror could not be entirely overcome, 487 operations were performed in the same institution. During 1898, in this hospital there were 3,700 operations. If this be true of operative work in general,

how much more so must it have been of that in the abdomen.

To be sure, in spite of the obstacles of a conscious and suffering patient and the hostility of her friends and neighbors, not to speak of the dangers of invading the peritoneal cavity before the Listerian era, that courageous pioneer, Dr. Ephraim McDowell, of whom as Americans we are so justly proud, conceived and successfully executed, in the then wilds of Kentucky, the first deliberate ovariotomy for a pathologic condition in 1809; but the fact nevertheless remains that up to 1846 abdominal surgery was almost entirely confined to absolutely imperative instances of emergency operation. Elective procedures were the rare exception and it was not until the seventies of the last century, or until the introduction of Listerism, that this branch of surgery began to assume its present proportions.

Even the fact that the ancients had made some progress in surgery and then that for many centuries surgical lore dwindled almost to the vanishing point in sympathy with the general ignorance of the times does not invalidate the theory of a general evolutionary process, for the same periods of activity and latency are observed in Nature, and while it is true that Cæsarian section and oophorectomy were practised as long ago as five centuries B. C.; yet as done in those days the one was practically a post-mortem proceeding calculated only to rescue a living child from a dead or dying mother and the other recommended for fancied cosmetic or rejuvenating purposes. Neither operation, as then practised, can properly be classed with its modern successor.

Perhaps no abdominal procedure better illustrates an evolutionary trend than the operation for appendicitis. It is well within the memory of many of us that the true pathology was recognized and a groping begun for means of operative relief. So rapid have been the strides of progress that it sounds already like ancient history to recall the situation of less than forty years ago when the pointing of a so-called perityphlitic abscess was awaited before resort to the knife was considered justifiable, and but little less than that time, since the surgeon endeavored to cautiously approach the trouble retro-peritoneally. So nearly has the last word on this particular problem been said and so thorough is the work now usually done that one can hardly credit the inference which would naturally be drawn from a paper[2] read at the 1911 session of the American Medical Association, in which the author recounts, as something evidently unusual, his practice of doing a radical operation in localized abscess cases, and actually removing the appendix in spite of the presence of pus and adhesions.

A true evolution has taken place, too, in the matter of incisions for appendectomy—beginning with one parallel to Poupart's ligament, in an endeavor to reach the appendix retro-peritoneally; advancing, with growing courage, to one which deliberately opened the peritoneal cavity by cutting across the fibres of the oblique muscles; then to the McBurney gridiron incision, which, in many cases, conserved those structures, but often, when necessity required enlargement of the opening, mutillated them; and finally to the outer border of rectus approach—Kamerer or Battle incision—which seems ideal not only for access to any and all appendices but also permits upward or downward extension for wider exploration of adjoining viscera or organs without muscular impairment. The recent fad for minute incisions appears, however, to be a step backward—involutionary instead of evolutionary—inadequate in a large class of cases; uncalled for in any if the surgeon knows how to make a proper inter-muscular approach and correctly close the same; while it must inevitably lead to the neglect of many more or less distant pathologies. Relative to abdominal incisions, great credit must be given to Pfannenstiel[3] for his valuable suggestion of the transverse suprapubic route—somewhat later and independently advised by Stimson[4]—as an ideal approach to many pelvic conditions.

That the evolution of operative work in the lower abdominal zone would antedate and at first surpass that in the upper, might have been predicted on account of the greater accessibility and simpler anatomy of its organs and viscera; that surgery of the stomach bile tracts, pancreas and spleen, however, has already evoluted to a position where, in many respects, it seems as if almost the last word has been uttered, is but a natural corollary of the amazing industry and ingenuity of upper zone operators during the past two decades.

Typical of the evolutionary nature of this mass of accomplishment is the history of a single operation—the short-circuiting of stomach and nearby intestine. Beginning with the comparatively crude and primitive anterior gastro-enterostomy of Woelfler, running the gamut of a posterior operation of von Hacker, with loops of various

lengths and angles, combined with spur elimination and gastro-enterostomies to overcome the ever feared and often fatal vicious circle—the fittest eventually survived in the simple suggestion of the posterior *no loop* operation by Mikulicz, which with the placing of the junction as near as possible to the pylorus, has practically perfected the technic. Concerning the indications for this operation its history has been equally interesting. Regarded at first as a panacea for all forms of gastric ulcerations and even for functional disorders, and explained as an actual gravity drainage procedure, it led to many disappointments and not a little disfavor, until more rational deductions, aided by the observations of the Cannon school of physiologists, demonstrated that gastro-enterostomy is not, *per se*, a drainage operation except in the presence of some more or less obstructive pathology in the neighborhood of the pylorus. Thus a valuable procedure, within proper limits, has evoluted through a course of more or less uncertainty to a position of practical security as regards both technic and indications.

It would seem that nothing materially new can be expected in the surgery of bile tract pathology. Such men as Mayo Robson, Moynihan, Mayo and Kehr have practically perfected the surgical treatment of cholelithiasis and cholecystitis, the latest evolutionary phase being the abandonment of fixation of the gall bladder, in drainage cases, to the abdominal wall. The differential diagnosis between these conditions and lesions of the stomach, duodenum, pancreas and appendix is, however, open to the assistance of better methods, being still more or less dependent upon explorative operation for the final decision.

Surgery of the pancreas, aside from meeting the condition of acute hemorrhagic or suppurative pancreatitis, is so closely allied to gall bladder drainage that it may fairly be considered a part of the latter. Massage of the pancreas, through an abdominal incision, has recently given some rather remarkable results, whether by improvements of circulation or by dislodging either mucous plugs or concretions from the ducts as a matter of conjecture.

In estimating the practical importance of various matters as evolutionary forces, one should not overlook some of the apparently commonplace and trivial measures that have, from time to time, been proposed—things so familiar in every day use that they seem of no especial import and yet which have in reality played a major role in evolution. Such are certain operative and post-operative postural methods—witness the Trendelenburg for lower zone conditions and its reverse, or what may fitly be termed the Mayo Robson position, for upper zone procedures. Equally important is the Fowler position for post-operative conditions. Simple as are these gravity inducing postures—elemental and obvious though they may be—it is hardly an exaggeration to say that their introduction was in each instance a mark of no mean degree of genius. The falling of an apple from a bough of a tree had been obvious to millions before Newton, but it was left for his genius to deduce a great law from so simple a phenomenon, and whether or not the surgeons whose names are coupled with these postures, alone originated them, they certainly crystallized sentiment upon their usefulness and consequently deserve the credit.

Nothing more clearly demonstrates a true evolutionary process in abdominal surgery than the results of surgical treatment of general septic peritonitis. Two decades ago the condition was practically hopeless and even at half that distance recoveries were rare, while at the present time a very considerable percentage of cases of even very extensive peritonitis are saved by timely and judicious operation, together with suitable after treatment. This has transpired largely through the teaching and practice of such men as Murphy and Fowler and depends not so much on any particular surgical technic as on a clearer conception of the fundamental physiology of the peritoneum and the intestinal tract. Fowler's contention as to the advantage of gravitating septic fluids into the pelvic or most tolerant zone of the peritoneal cavity, together with Murphy's proposal to flush the peritoneum by means of saline slowly absorbed through the bowel and his dictum of "get in quick and get out quick" have furnished the key to an otherwise hopeless situation.

Just as with the operative and post-operative postural methods it is easy to overlook such matters as evolutionary factors of prime importance because of their very simplicity and obviousness, once they have been established. Some one has well said, apropos of literary excellence, that "a single great line on a small matter will live longer than a million small lines on a great matter," and so it is in surgery; some single lines on apparently small matters are great and will last throughout time.

While the principle of intestinal absorption of fluid with consequent filling of the circulation and flushing of the peritoneum, as well as the kidneys, is logical and sound, it is a question whether it might not wisely be evoluted out of its localized application as proctoclysis into a wider field as enteroclysis—in other words, whether the recent suggestion of McArthur[5], Matas[6] and others, of introducing saline, in suitable cases, into some higher portion of the intestinal tract—as the duodenum, through the gall bladder, or the cecum, through the appendiceal stump—instead of into the rectum will not afford a new and desirable application of this valuable principle.

One would hardly drain a gall bladder nor do an appendectomy simply to establish an enteroclysis, but in numerous instances where these operations are performed, and in which proctoclysis is indicated, the opportunity may well be seized to prepare for an easy and certain enteroclysis by the introduction of a ureteral catheter into the duodenum, through the gall bladder drain, or a uretheral catheter into the cecum, through the stump of the appendix, thus securing all, or more than all, the usual benefits of a proctoclysis without its frequent uncertainties and discomforts.

In the management of peritonitis, proctoclysis (or enteroclysis) the sitting posture and rapidity of execution, have been aided in no small degree by improved methods of drainage. While empty rubber tubes and gauze—either plain or in the form of cigarette drains— are, unfortunately, still employed by many, others, recognizing that empty tubes have no capillarity and that gauze in any form, while possessing capillarity, will not drain pus but rather will prevent its escape, have come to rely on rubber tissue or, still better, dental dam for drainage.

Perhaps the most effective of all abdominal drains is the one suggested by Peple[7], which consists of several folds of dental dam sewed lengthwise into a piece of split rubber tubing of suitable calibre. It has sufficient capillarity; drains, not simply from the lower end or from occasional fenestræ, but through the slit along its entire length; is easy of introduction and removal, and, most important of all, will constantly evacuate either serum or pus. The fashion of bringing the drain through an independent stab wound, thus allowing complete closure of the incision and consequent protection against hernia, is a decided evolutionary step.

Treatment of defects of the abdominal wall, when they do occur, appears to leave nothing further to be desired—the principle of overlapping the aponeuratic structures, as suggested by Mayo and Blake, for ventral and umbilical herniæ, but which was applied some years earlier to inguinal herniæ, by Girard of Bern, having solved the most formidable of all these problems.

A recent evolution in this branch of surgery is the proposal and successful practice of performing supra-pubic cystotomy for tumors or stone in the urinary bladder by the trans-peritoneal instead of the extra-peritoneal route. With proper precautions a much better exposure of the operative field is secured with as much freedom from peritoneal infection as is the case in various other pelvic operations. The wonder is that such an approach to the bladder was not sooner employed.

It is an interesting fact that surgery in the abdomen—more than that in any of the other large closed cavities of the body has added much to the knowledge of the internist and the physiologist. Owing to the opportunities offered for exploration and observation of all the contained organs and viscera, a great deal of important information has been elicited by operations which have served, as it were, as autopsies in *vivo*.

Notwithstanding the remarkable accomplishments in abdominal operative work, many fields of endeavor are still incompletely developed. The time at disposal forbids mention of many; but a prediction may be ventured that much should and will be accomplished by more perfect diagnostic methods, especially with reference to malignancies of the stomach and other portions of the digestive tract. Whether serum tests, radiography, new and more delicate chemical methods or a combination of all these, will afford the much desired information of early malignancy, or whether a more frequent resort to exploratory operation will accomplish the same result, remains to be seen.

A high professional award undoubtedly awaits the surgeon who shall devise some plan for successfully preventing the formation of post-operative peritoneal adhesions. Judicious use of omental grafts have accomplished something along this line, while various sterile vegetable and animal oils and animal membranes have some claim to consideration; but the future must and, hopefully, will suggest new methods more practicable than any of them.

There is little doubt that a fertile, and

until recently but little cultivated field, in abdominal surgery, concerns the management of intestinal stasis, amounting sometimes to semi-obstruction, by the various angulations, adhesions and ptoses of the digestive tract, more particularly in the terminal portion of the ileum and the sigmoid flexure; sometimes also in the transverse colon, and occasionally in the duodenum, as presented by the so-called gastro-mesenteric ileus. There is no question but such mechanical pathologies exist in not a few cases incorrectly diagnosed as appendicitis and have remained unrelieved by the operation because of insufficient exploration. Surgeons of the future will hardly be content to abandon the search for a cause of symptoms without a systematic investigation of both upper and lower zone.

Whether the treatment of "Lane's kinks" and colonic stasis will lead to frequent short circuiting operations, and whether removal of greater or less portions of the large intestine will ever become a common practice, may be doubted. There probably is a considerable basis for the "colonic cesspool" theories of Lane and Metchnikoff, but their radical recommendations must be adopted, if at all, with proper conservatism and until less formidable procedures, such as relief of adhesions, local intestinal pexies and appendicostomy (or cecostomy) with irrigation of the colon fail, sweeping resections would hardly seem justifiable.

No single feature of abdominal technique has inspired more ingenuity, nor shown a more distinctly evolutionary history than that for intestinal anastomosis. While advocates of the two general methods in ordinary use—one employing needle and thread alone and the other relying further, on some sort of mechanical device or support—are pretty evenly divided, it seems to the writer that the ideal technic is *the all suture method,* not so much because of occasional defects in the mechanisms used nor the possibility of retention within the bowel of those which are non-absorbable, with disastrous results, both of which events are by no means mythical, but chiefly because the surgeon ought not to be handicapped, especially in emergency cases, where resections are prone to become necessary, by the failure to have at hand the desired device, or one exactly suited to the case—as may easily happen—and also because every surgeon should be familiar with some one form of technic which is suitable to all, or nearly all, cases.

Something practical will have been accomplished by this paper if it demonstrates the desirability and serviceability, in performing intestinal anastomosis, of employing—not a new nor original method, but rather a revival and combination of portions of two somewhat obsolete, or at least very little practiced, procedures.

One of these—the "Maunsell"—proposed by an Australian surgeon of that name twenty years ago, brought the open ends of resected intestine into exact apposition, part for part, and serosa opposed to serosa, by telescoping (or invaginating) them through a linear incision an inch, or inch and a half, in length, and about that distance from one of the ends, on the convex border of the bowel; the invagination being produced by traction on two sutures, applied respectively to the mesenteric and opposite borders, left long and brought through the linear slit. No other plan obtains such perfect coaptation of the open ends for the purpose of suture and the further advantage is that union can then be effected by a *single row penetrating all coats.*

The method of suture constitutes the second largerly unemployed feature of technic. About ten years ago, Connell[9] strongly advocated a single row of penetrating sutures for circular enterorraphy, as not only a saving of time, but more especially as affording the strongest possible union. He called attention, however, to the fact that penetrating sutures must, in order to avoid the risk of leakage from the bowel, through capillarity and consequent peritoneal infection, have all the knots tied in the lumen.

As applied to the ordinary method of anastomosis, wherein the open bowel ends are merely approximated, not telescoped, before suture, the tying of the last of a series of interrupted sutures or the terminal end of a continuous one so as to leave the knot or knots in the lumen, presents serious difficulties. Connell proposed a plan of so doing which was feasible in his hands, but which was so complicated that few have followed his practice. Of course with the present-day use of linen or Pagenstecher thread, which possesses little or no capillarity, the location of the knot is hardly so essential.

While Maunsell's method was ideal for accurate approximation and placed the resected bowel ends in the best possible position for suture, his plan, as originally proposed and as still described in text books, had one inherent defect which may account for its comparative unpopularity. The

weak point seems to have been the use of *interrupted sutures* to accomplish the junction. In this there is first a loss of time, in tying so many separate knots, next the interrupted sutures leave spaces of raw edge between the knots where oozing may occur, and finally there is a possibility that the inverted edges held in an individual suture may slip outward from pressure of gas within the lumen and cause a leakage.

If, however, a *continuous over-hand suture* be applied to the coaptated edges after investigation, and *locked at each stitch,* it is apparent that all the preceding faults are eliminated; the process is rapid; complete hæmostasis is secured; and any slipping or eversion of the inverted edges is impossible.

The proposition, then, is to use Maunsell's method, so far as invagination of the bowels is concerned, and then to unite them by a continuous Pagenstecher suture beginning at the mesenteric border with a circular stitch, enclosing all leaves of the two mesenteric junctions, the tail of the suture being left long; the suture being then carried continuously around the entire circle of coaptated edges, locked at each stitch, and at the last insertion, tied to the tail or initial end of the thread. This, it will be understood, involved eventually but one knot, and as the suture is passed from the exposed mucous surfaces, it must, when the invagination is reduced, lie within the lumen, thus satisfying, for whatever it is worth, Connell's requirement.

The remaining step of the technic consists merely in reducing the invagination by gentle traction and closing the small linear incision on the convex border of the bowel, through which the invagination is effected —an extremely simple matter—which may be accomplished either by a running Pagenstecher suture uniting all coats and carried back on itself as a Lambert suture where it is tied to the initial end; or it may be even more expeditiously done by a single row of Cushing right-angled suture.

In analyzing the procedure it appears to present all the qualities of an ideal technic. It accomplishes the anastomosis with one, instead of two, rows of stitches, as compared with other all-suture methods of circular enterorrhaphy, and puts the intestinal ends in most accurate contact and favorable position for rapid suturing. The continuous suture, penetrating all coats and locked over the raw edges, not only obtains absolute hemostasis but make the strongest possible sort of joint—particularly secure where weakness is most to be feared—at the mesenteric border—and finally this method necessitates no mechanical contrivance for holding or approximating the ends while it is nearly, if not quite as expeditious as the technic by Murphy button, or what is believed to be the button's superior, the Soresi[10] rubber tube with catgut loops.

Personal experience in two cases within the past five months has convinced the writer of the soundness of these points. The first was a resection of fifteen inches of ileum containing six bullet wounds. There was nothing of especial interest in this case except the smoothness with which the method worked in its first trial and the patient's uneventful recovery. The second case presented undoubted evidence of the superiority of the method over others. It was a resection of a carcinoma of the lower end of the sigmoid flexure which had resulted in complete obstruction. After excision of the growth there was a maternal disparity in the lumen of the ends to be spliced—the proximal bowel being distended to at least one-half greater calibre than the distal and with much hypertrophied walls. The distal stump was short, giving only about six inches of available bowel. The work was practically intra-pelvic. A button was out of the question, owing to the size, thickness and difference in calibre of the bowels to be joined, as well as the inherent objection to using a button in large intestine anastomosis on account of the wide mesenteric attachment. The difficulties of the usual double row of sutures to effect anastomosis in this location are great, especially with ends of considerably different calibre. The Maunsell-Connell technic, as it may properly be called, however, proved thoroughly adaptable, in spite of some difficulty in making the greatly thickened walls of the proximal end infold so as to effect invagination of the distal end into it. Applying the suture was a very simple matter and the resultant joint was perfect. Most gratifying was the evidence that this method could correctly adapt to each other intestinal sections of different size by a simple variation of the suturing. After invagination the smaller section naturally lay within the larger and by taking a somewhat wider bite on the outer tube or ring than on the inner at each introduction of the needle, the former was gradually and evenly puckered down upon the latter, making an exact fit, as the result demnostrated.

The bowels moved before the patient left the table, with escape of flatus and immedi-

ate reduction of the extreme distension. Twenty-one actions of the bowels followed in the next three days. Recovery was rapid and uneventful.

This case was certainly a severe test of the method and it is very doubtful if any other would have proved as practicable.

Experiments on the cadaver show that the technic serves equally well in end to end, end to side and lateral anastomosis. It would also apply to gastro-enterostomy were it not for the necessary presence on the stomach, for occlusive purposes, of a large clamp, which naturally prevents invagination of the walls into and through a jejunal slit.

No claim is made for originality in the recommendation of this technique, unless it be, possibly, in the suggestion of a *continuous interlocked suture,* and others may have used even that without my knowledge. It is so self evident an advantage that it would seem strange if it had not been employed. A suggestion[11] was recently made to further modify Neuber's[12] modification of the Maunsell technic by inserting a spool-shaped silver tube into the concentric invaginated bowel ends and over it to tie them, first by a silk ligature and then by a rubber band. The method is undoubtedly expeditious, but is open to the same objections as all those which employ a mechanical contrivance.

The essential point which it is desired to emphasize is that the Maunsell method of technic in enterorraphy is deserving of much more general application than seems to have been accorded it; and it is to be hoped that an interest will hereby be aroused in its employment by those who have occasion to perform intestinal resection.

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INTESTINAL STASIS IN RELATION TO CANCER ETIOLOGY AND PROPHYLAXIS.*

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The future study of the prophylaxis of cancer will probably be more and more largely concerned with the systemic prevention of the disease. One of the most interesting, and perhaps most hopeful, theories recently proposed in this connection is that of W. Arbuthnot Lane, surgeon to Guy's Hospital, London, based upon chronic intestinal stasis and its treatment.

In 1901 Mr. Lane performed the first of a series of operations for the relief of chronic intestinal stasis and the checkmating, so to speak, of the various ills contingent upon this condition. From his study of the subject he reached the conclusion that it would be impossible for a person to become affected by tuberculosis or by rheumatoid arthritis unless the resisting power of the individual to the entry of organisms has been depreciated by auto-intoxication consequent on the presence of intestinal stasis. So, likewise, he became convinced that the degenerative condition of the female breast which manifests itself in induration, cystic change, etc., is a barometer of the degree of stasis. "I have no doubt whatever," he says, "that these degenerated breasts are very liable to develop cancer. I have found multiple foci of cancer in such degenerated breasts in cases of chronic intestinal stasis in which there was no reason whatever to suspect their presence." Cancer of the stomach and intestine, and of the biliary ducts and pancreas, he traces in like manner to chronic intestinal stasis.

*Abstract of a lecture on "Some Practical Phases of Tumor Formation in Man," delivered before the Essex County (N. J.) Medical Society, February 6, 1912. Because of the interest at present being manifested in the subject of Intestinal Stasis, only this portion of the lecture is herein reported. Numerous stereopticon views, illustrating the different phases of tumor formation, were presented, many of which were slides of Arbuthnot Lane's personal cases of intestinal stasis, as well as of Dr. Bainbridge's cases.

The correctness of this theory of the cause of cancer cannot be proved or disproved at this stage of our knowledge of malignant disease. It is worthy of investigation, however, and pending proof or disproof, it should be borne in mind in all cases of chronic constipation, auto-intoxication, and other obscure conditions seemingly having their origin in defective function of some portion of the gastro-intestinal tract.

The study of the subject from the point of view of the "end results," as Lane calls them, leads naturally to an investigation of the conditions giving rise to intestinal stasis and its concomitant affections, and to the manner of dealing with these conditions.

According to Lane's theory, the weight of the abdominal viscera tends to cause, in the upright position, a ptosis of the heavier parts of the alimentary canal, notably, the stomach, when it is filled with food, and the large interests, when it is loaded with feces. With the dropping of the viscera there is dragging upon the mesentery, resulting in the formation of thickened bands, sometimes referred to as "evolutionary adhesions," the function of which seems to be to support the intestines and to prevent them from dropping downward. The unequal strength of these bands in different parts leads to unequal support throughout, and as a consequence the bowel is held up firmly in some points and allowed to sag in others, the result being angulation or kinking at the point of support.

The perfectly natural outcome of this condition of affairs is obstruction to the lumen of the intestine at the point of the kink, with damming back of the contents, and general slowing of the drainage of the canal. Reabsorption and autointoxication are the inevitable results, leading, in Lane's opinion, to a general lowering of the resistance of the body and the concomitant increase of susceptibility to various diseases, including cancer.

The points of predilection for the formation of these kinks are: (1) in the third part of the duodenum, at the commencement of the jejunum; (2) at different points along the terminal coil of the ileum, "Lane's Ileal Kink;" (3) in the ileo-cecal region, including the appendix; (4) in the region of the hepatic flexure and the first part of the transverse colon; (5) at the splenic flexure; (6) at the sigmoid loop; (7) in the rectum.

The degree of obstruction has been carefully studied by Mr. Lane, with the aid of the excellent radiographic work of Dr. Alfred C. Jordan, medical radiographer to Guy's Hospital. The rapidity of the passage of bismuth through the intestinal canal has been accurately studied. It has been found that the obstruction varies widely, from a slight degree, which is easily corrected by abdominal supports, to a greater degree, which may require laparotomy, with division of the bands and correction of the angulation, ileo-colostomy, etc., and on to the more severe degrees, necessitating radical treatment, such as colectomy.

The entire subject is too new to be of value from a statistical point of view with reference to cancer, but it is certainly worthy of careful study in this connection, as well as in its broader application to the more immediate results of intestinal stasis.

Since my attention was first directed to Lane's work I have borne these "kinks" in mind in all laparotomies, and have made an especial study of the question in cases in which the symptomatology pointed particularly to intestinal stasis resulting from the conditions described by Lane. The findings in many cases have verified his contentions with reference to the presence of "kinks." Special study is being carried on with reference to the probable influence of intestinal stasis in the causation of cancer. A full report of these investigations, with illustrative cases, will appear at a later date.

For the convenience of those who may be interested I append a brief digest of the literature of the subject, chronologically arranged.

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(3) Lane, W. Arbuthnot—Chronic Constipation and Its Surgical Treatment, *Brit. Med Jour.,* 1905, p. 700.

(4) Corner and Sargent—Volvulus of the Cæcum, *Annals of Surgery,* 1905, Vol. XLI., p. 63.

(5) Binnie, J. F.—Pericolitis Dextra, *Monthly Cyclopedia of Practical Medicine,* 1905, p. 341. Attention is directed to an article by Alglave (See 2), in which the latter gave some observations made on cadavera in the dissecting-room. There were eight male and eight female subjects. In four of the latter the right kidney was displaced downward, carrying with it the hepatic flexure of the

colon. As the cecum remained fixed, while the upper part of the colon was pressed downward, the result was *kinking of the ascending colon,* stasis of the cecal contents, dilatation of the cecum and of part of the colon, colitis, pericolitis, adhesion fomentation, etc. Alglave attributed the whole series of conditions to the *nephroptosis.* Arbuthnot Lane (See 3) considers the nephroptosis secondary to the distention and descent of the colon, which are due to chronic constipation resulting from errors in diet, etc., dating, perhaps, back to childhood. *After* very thorough dietetic and medicinal treatment has been tried and found wanting, Lane recommends division of the ileum about six or eight inches from the cecum, closure of the divdided ends of the ileum, and anastomosis of the proximal segment to the sigmoid or rectum. Binnie calls attention to the fact that in Lane's cases there is no diarrhea, whereas Macewen found most troublesome diarrhea in cases where a large cecal fistula has been formed, or where the cecum and much of the ascending colon have been excised. The explanation of the difference in findings is given by Binnie as follows: "In Lane's cases the colon prior to operation was in a diseased condition and not carrying out its functions, while the operation put the excluded segment of gut at rest, *i. e.,* in a state favorable for recovery of its functional powers. After the operation of exclusion the intestinal contents can no longer pass into the cecum and colon, but the secretions of these portions of gut can and do drain into the sigmoid, where they mix with the intestinal contents." The mingling of the colonic juices and intestinal contents may explain why Lane's cases escape diarrhea.

(6) Jackson, Jabez N. — *Transactions Western Surg. and Gyn. Asso.,* 1908. Report of cases of appendicitis in which, at operation, there was found a newly formed *veil of peritoneum* ("Jackson's Membrane") over the cecum and ascending colon. He held that patients in whom this veil existed were not often cured by removal of the appendix, but that the partial or complete removal of this adventitious peritoneum resulted in cure.

(7) Lane, W. Arbuthnot—The Surgical Treatment of Chronic Constipation, *Surg., Gyn. and Obst.,* February, 1908.

(8) Connell, F. Gregory—Ileocecal Adhesions ("Lane's Kinks" and "Jackson's Membrane," *Trans. Western Surg. and Gyn. Asso.,* 1908.

(9) Jackson, Jabez N. — Membranous Pericolitis, *Surg., Gyn. and Obst.,* Sept., 1909, Vol. IX., p. 278. Report of further observations concerning "Jackson's Membrane." Attention was first attracted to this condition in the course of an abdominal operation six or seven years previously. At first he thought it an anatomical freak, in no way associated with supposed attacks of appendicitis. The membrane was not dealt with, and of course the patient's symptoms were not improved. He concluded that her trouble was in her head and not in her abdomen. Since that operation he has had several cases in which the same condition was noted. He refers to Lane's article (See 7), and thinks Lane was dealing with much the same condition. Lane gave no description of the characteristic membrane, but spoke simply of "adhesions," as found at various points of the colonic circuit.

(10) Wilms—*Zeit. fur Chir.,* 1908, No. 37, p. 1089.

(11) Sweetser and McLaren—*Trans.West. Surg. and Gyn. Asso.,* 1908, p. 292.

(12) Hertzler—*Trans. Sect. Surg.,* A. M. A., 1909, p. 107.

(13 Morris, Robt. T.—Dawn of the Fourth Era in Surgery. "Gall Spider Cases," etc., p. 21, 1910. "Anatomists have noted that web-like adhesions were found in the bile tract region so frequently that they seemed to be almost a normal characteristic of the region. We used to feel the same way about adhesions in the cecal region. Byron Robinson called attention to the fact that adhesions were found in the bile tract region more frequently than elsewhere in the peritoneal cavity excepting in the pelvis in women; and that the cecal region stood third in order of abundance of adhesions.

"We cleared up the history of pelvic adhesions first. Then we all turned our attention toward cecal adhesions, after the appendicitis paper of Fitz appeared in 1886." (See 1.)

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(15) Lane — Chronic Intestinal Stasis, *Surg., Gyn. and Obst.*, November, 1910, p. 495.

(16) Adami — *Principles of Pathology*, 1910, Vol. I., p. 347.

(17) Martin, Franklin H.—The Significance of the Lane Kink of the Ileum, *Surg., Gyn. and Obst.*, January, 1911, p. 34. "The discoverer of this condition attributes the cause to a pull upon the end of the ileum by a prolapsed cecum, the exact cause of the kink being a counter pull on the ileum by its mesentery about three inches from its attachment to the cecum." "In practically every case where I have noted the condition it has occurred in the so-called neurotic type, or congenitally defective individual marked by defective nutrition, little fat, flabby muscles, deficient elimination, foul breath, muddy skin, and sour perspiration." "While at first glance, one would be inclined to attribute the picture exhibited in these individuals to a toxæmia resulting from intestinal stasis due to the kink, I believe that an inherent defect in development in these individuals makes the kink in the ileum probable, and following that defect, other symptoms due to intestinal stasis and toxæmia supervene." Until a sure method of diagnosing them has been learned, these kinks should be carefully looked for in all cases on which one operates for obscure abdominal symptoms, especially in chronic appendicitis, stomach ulcer, and colocystitis. Also in all cases of visceral ptosis which can be demonstrated, they are to be suspected. "It must be taken for granted that the Lane kink of the ileum will relapse, if the individuals in which they occur possess inherent defects which have caused them, unless some means is derived to overcome the results of such defects."

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THE SURGICAL DISEASES OF THE KIDNEYS.*

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The selection of a subject, which shall prove interesting to all of the members of such a society, is not an easy matter. A desire to increase my own knowledge of the surgical diseases of the kidneys is, I must confess, mainly responsible for the paper this evening. My experience with this class of cases, while far from large, has included some of the more common surgical ailments, and since the methods of diagnosis and management of these cases have improved so much and so recently, I have thought it might be worth the while to report briefly the cases and review the literature concerning the same. At the outset, I disclaim credit for much that is in the paper, many of the views having been borrowed from my books.

The diagnosis of the surgical diseases of the kidneys has become, through the improved methods of recent years—cystoscopy, ureteral catheterization and the use of X-rays—very exact, and because of the serious and usually fatal results of such diseases, unless relieved by operative measures, to which, fortunately, many of them are quite amenable, it is incumbent on us to familiarize ourselves with these very helpful aids.

I quote from a paper in "Annals of Surgery," April, 1910:

"There is no group of organs in which methods of precision in diagnosis are more successfully employed than in surgical conditions of the urinary organs. The physician who avails himself of the knowledge obtained from a systematic employment of these methods approaches the work with a more accurate knowledge of the pathological conditions and surgical indications than is obtainable in any other field of abdominal surgery. The X-ray has its greatest field of usefulness in the diagnosis of calculus of the kidney and ureter. Here there is more than one source of error. In a very small proportion of cases a calculus may exist and a shadow cannot be discerned; again shadows occurring in the region of the kidneys and the ureter may be caused by other conditions and consequently be misinterpreted. The shadows, which must be differentiated from that of stone, are those produced by: (1) phleboliths; (2) fecal concretions; (3) enteroliths in the vermiform appendix; (4) calcified costal cartilage and osteo plaques; foreign bodies in intestines; pills; tablets, etc.; calcified arteries and lymphatic glands; fingermarks and flaws on plates; foreign bodies in back; moles on skin and other less common causes. Shadows are also obtained in hydronephrosis, pyonephrosis and tumors of kidney, but a correct interpretation is usually impossible."

Among other things, the daily use of X-rays has shown the frequent co-existence of kidney and bladder stones. Beck stating that he has found stone in the kidney in every case where there was stone in the bladder. This should lead us to examine the kidney in every case of stone in bladder and vice versa. Another thing is the presence often noted of stones in both kidneys and not infrequently stone in the opposite kidney to that in which pain was felt. Porter and others advise separate plates of both kidneys and always plates taken in different positions of the body.

Surgeons of large experience seem divided in their opinion of the value of the X-rays. Thus Porter and Bevan regard a good X-ray picture as more reliable than an exploratory nephrotomy. Most men, however, have been deceived at times in their interpretation of pictures and do not place quite so much reliance on them.

"Cystoscopic examination frequently reveals pathological changes which are characteristic of ureteral and kidney disease. The character of the bladder mucosa, the presence of ulceration, particularly around the orifices of the ureters, the condition of the ureteral openings themselves whether elevated, depressed, inflamed or œdematous, together with their functionating character-

*Read before the Medical and Surgical Society of Newark and the Surgical Section of the Academy of Medicine of Northern New Jersey

istics and finally the character of the fluid ejected—clear urine, blood or pus—are valuable data which will aid in establishing a diagnosis.

"Ureteral catheterization will determine an obstruction in the course of the ureter, the urine collected will give information as regards the presence of abnormal elements such as blood or pus. The manner of the flow will determine to some extent the functional activity of the kidney or the presence of residual urine in the pelvis of the kidney such as occurs in hydro- or pyo-nephrosis."

While ureteral catheterization will determine the presence of an obstruction, it is frequently impossible to establish the nature of the obstruction, which may be due to calculus, fold of mucous membrane, or diverticulum within the ureter, a stricture or twist of the ureter or pressure upon ureter from without. Attempts have been made and often successfully to determine the presence of stone by the use of wax-tipped catheters. Ureteral catheterization, however, should be done carefully. Besides the danger of spreading infection, which now, with improved methods, is almost nil, and the fear of their use in tubercular cases, which, for reasons mentioned later, now seems disproved, there is at times real danger from reflex anuria which seems to happen to the most careful operators and which often becomes alarming, though I have not read of any fatal result.

In addition to these wonderfully helpful aids, and besides the ordinary chemical examinations by which we seek to determine whether the kidneys are secreting actively the physiological decomposition products of albumin, or sufficient urea, and besides the microscopical examination to determine measurably the amount of destructive processes in the kidneys and the variety of bacterial growth at work, the injection of agents hypodermically is made use of to determine the relative secreting efficiency of one kidney as compared with the other.

Thus in the phloridzin test, based upon the observation of von Mehring that when injected subcutaneously is capable of causing renal glycosuria, which was dependent for its intensity upon the functional activity of the kidneys. If the functional activity of a kidney is destroyed, no sugar will be secreted by that organ. Casper, who was first to use the test, injected hypodermically a dose of phloridzin equivalent to 0.01 grm. One-half hour later the ureters are catheterized and the relative proportion of sugar in the two specimens indicates the activity or want of such in each kidney.

Another method of testing the functional activity is to inject hypodermically an injection of 0.16 grm. solution of methylene-blue. With normal kidneys the methylene-blue appears in urine in an hour, reaches the maximum coloration in a few hours. In pathological conditions of the kidneys the elimination of methylene-blue is delayed.

Forced polyuria, obtained by having patients drink large quantities of water, 3 or 4 tumblerfuls, and then comparing the chemical examination with one previously made after the patient has abstained from fluids for 4 hours. A comparison shows the relative activity of the kidneys. These tests imply ureteral catheterization and examinations of separated urines. Klebs says that but little confidence can be placed on the determination of the excretory capacity of the kidneys by the color of combined or separated urines after injecting methylene-blue or on the finding of sugar after the phloridzin test. They may help as corroborative evidence.

During the last few years operating cystoscopes have been perfected, which, in the hands of Kelly, Young and others, are used to remove intravesical growths, treat diseased orifices of bladder and ureters, remove stones in lower end of ureters, etc.

The X-ray is made use of during operations on kidneys, by some, notably Fenwick, who employs a fluorescent screen to look through the organ after delivering it externally and often determining the presence and location of stones.

And recently pyelography, which is a combination of cystoscopy and radiography, has been made use of by Braasch, of the Mayo clinic, who claims that it is of great value in demonstrating:

1. The extent and character of dilatation in the renal pelvis and ureter.
2. The deformity accompanying renal tumors.
3. Congenital deformities, and finally it offers aid in interpreting radiographs.

Successful operative work on the kidney is favored much by the peculiar distribution of the blood vessels within the organ. Corrosion preparations have shown the division of the main artery into anterior and posterior branches, and the territories to which they are distributed are distinct. The boundary line between these two does not correspond with the median line, the common line of incision at autopsy, but about 1-3 or 1-5 of an inch posterior. On account of this one may split the middle third of the

kidney into the pelvis without giving rise to hemorrhage or interfering with repair. Toward the poles there is risk of cutting large branches and producing local death, since the branches do not anastomose. Many operators, however, do not hesitate to split the kidney from pole to pole. This peculiar blood supply explains the presence of sharply limited tubercular processes at one or the other pole.

The number of blood vessels supplying the organ, however, and their course is not so constant and not only is such anomaly the cause at times of hydronephrosis, by pressure upon ureter, and of floating kidney as thought by Mayo, but must be borne in mind in nephrectomies, in order to secure complete hemostasis.

My first case of surgical kidney was a patient seen in St. Michael's Hospital. She was sent to Dr. Ill's service, who, after examining the bladder and ureters, kindly referred her again to me.

Margaret B., age 27, single, both parents dead, no venereal disease suspected, had been suffering for several months with dysuria, frequent micturition and loss of flesh and strength. Examination of urine showed blood and pus, and tubercule bacilli were found by Dr. Ill, who catheterized the ureters. There was pain on pressure over left kidney and vaginal examination showed thickened ureter on left side.

Operation, January 30, 1904, assisted by Dr. Bennett. Incision in left loin carried down in front of ilium; quite a little difficulty was experienced in freeing kidney, and it was impossible to deliver it before tying vessels, which seemed unusually short. After cutting the pedicle, a severe hemorrhage occurred, which was controlled by clamping vessels. Clamps were left on 48 hours; no further bleeding; about 4 inches of ureter were removed. Patient recovered fairly well from operation, but a fistula persisted in loin and the dysuria was not much relieved. After various kinds of treatment of bladder and medication, a vesico-vaginal fistula was made on June 25, 1904, and the sinus in back curetted. The sinus rapidly closed, and the distress in bladder and on urination soon disappeared. The vaginal fistula closed spontaneously.

I have seen this patient at intervals since and quitely recently. Her general health is good, she works in a factory and has had no urinary symptoms since. The kidney contained a number of tuberculous abscesses.

About one year ago I showed at one of our meetings a tubercular kidney, which I had removed from John Burns, age 5 years, who gave the following history: Boy's father was dead. Had marasmus when an infant and an attack of pertussis, which lasted one year. Eight months before admission enlargement of abdomen was noticed and about January 1, 1910, a lump was noticed in the right side, most prominent in axillary line. There had been no chills or sweats, no dysuria, no blood or pus found in urine. The tumor seemd to enlarge rapidly and patient grew thinner. A diagnosis of sarcoma was made. Through a free incision in right semilunaris, the left kidney was first palpated, the colon then pushed aside, meso-colon incised and the growth was dissected out with little trouble. The vessels seemed short and so deeply situated that it was thought best to apply clamps, which were removed the second day. The operation was almost bloodless, yet the child suffered from severe shock. Recovery, however, was fairly prompt and the boy has since been quite well except for the presence of a slight ventral hernia. The tumor consisted of several tuberculous abscesses, kidney tissue having practically disappeared.

Adami says: Tuberculosis of kidney is by no means uncommon. Infection is usually hæmatogenic. Two forms of the disease are noted, acute miliary and chronic local tuberculosis. The first variety is usually secondary and is manifestation of generalized systemic tuberculosis. The bacilli reach the organ through the renal arteries and are found in glomerular capillaries. They may be found in the tubules as a result of attempt at excretion; the elimination tuberculosis of Cohnheim. Chronic local tuberculosis is either hæmatogenic or ascending in origin. One or both organs may be involved. It is usual at autopsy to find both organs involved, one more advanced than the other. Adami says it is a question whether genito-urinary tuberculosis is ever primary, and it is never safe to assume that such is the case unless an exhaustive search has failed to find tubercular lesions elsewhere. It is difficult, too, to determine whether tuberculosis starts in the kidney and descends or in the genitalia or bladder and ascends.

Fowler says: Primary renal tuberculosis is hæmatogenous, is usually unilateral; when secondary to genital tuberculosis both kidneys are involved. The early appearance of bladder-symptoms leads to harmful, unnecessary instrumentation. The treatment of cystitis should be studiously avoided.

Baumgarten and Kramer quoted from Klebs after a series of experiments on rabbits during the course of several years, have demonstrated that although extensive tuberculosis of bladder often followed injection of tubercle bacilli through the urethra, in no instance and under no circumstances did the disease ascend to the kidneys or descend to the testicles evenafter 1½ years. While on the other hand, when tuberculosis of the kidneys or testicles was first produced, it readily infected the bladder. In other words, the tubercle bacillus follows the course of the secretions and excretions in the genito-urinary system up the vas deferens and down the ureters. Their conclusions are that tubercle bacilli never multiply in the urine or seminal fluids, have no power of motion, commonly follow the stream and do not swim against it, and hence that primary infection of the bladder occurs rarely if at all, but that tuberculosis has its origin in the great majority of cases in the kidney and occasionally in the testicles, and Brewer, as reported in paper read at American Medical Association, was unable to cause ascending disease of uro-genital tract by injection of bacilli into bladder or urethra or testicle.

Steinthal, after careful dissection of 24 cases of tuberculosis of genito-urinary tract, showed disease of kidney in all 24 cases, four cases extended into ureter, two to ureter and bladder and three to urethra. He says that severe disease of kidney may exist without disease of bladder, but that the reverse condition does not exist. For this reason it its thought quite useless to treat the bladder in these cases and for this reason, too, no harm can come from cystoscopy and ureteral catheterization as was formerly believed.

When the disease is not part of a general miliary tuberculosis it almost always begins in one kidney, Israel believing this true in 90 per cent. of cases. The unilateral origin is of the utmost importance as regards surgical treatment.

Klebs says a good rule to follow is to regard every chronic inflammation of bladder as tubercular, especially in early and middle life, unless it can be proved due to other causes. Even the history of recent gonorrhœa should not be given too much weight as this disease seems frequently to prepare the soil for a subsequent tuberculosis.

According to most observers, tuberculosis of the urinary passages is most common in women, two-thirds of patients operated on being women and three-fourths of cases of primary tuberculosis occur in women.

Diagnosis—Hemorrhage, pain and enlargement of kidney may occur in calculus, and new growth as well as tuberculosis. Even if calculus is shown by X-ray it may have developed secondarily to tuberculosis and the latter may follow formation of stone. Local reaction following injection of tuberculin is a characteristic sign and general reaction is proof of the presence of tuberculosis.

The final proof of existence of tuberculosis of kidney is the detection of tubercle bacilli in the urine, which is not always easy. Further difficulty lies in the resemblance of the tubercle bacillus to other acid fast bacilli, most important of which is smegma bacillus. Catheterizing the bladder after carefully washing genitalia will render the presence of smegma bacilli less likely. After all, Schede says, if suppuration, stone or tuberculosis of kidney is present, operation and proper treatment is indicated. If the tubercle bacilli cannot be determined microscopically, animal innoculation should be tried.

Treatment—According to Schede, it is admitted by surgeons as well as physicians that renal tuberculosis in its early stages may be recovered from by hygienic and medical treatment. Wendel says that renal tuberculosis may be recovered from so long as there is no secondary infection and that surgical treatment is not indicated until pyelitis or pyelonephritis has developed. But most surgeons believe that early radical removal of the diseased organ is the treatment best calculated to prevent the other organ from becoming involved. Creosote and its derivatives—guiacol, triacol, etc.—in large doses are well thought of. Ichthyol in gradually increasing doses of 10 to 70 drops in a large quantity of water is advised. It lessens the pain and vesical tenesmus and improves nutrition. Some patients are benefited by tuberculin.

If the medical and hygienic treatment is followed by practical elimination of vesical irritation and the tubercle bacilli disappear from the urine, which, in turn, becomes acid and clear and if the general condition of the patient improves, operation may be postponed. The interpretation of such a sequence of events is that a miliary infection existed, which the patient has been able to overcome. Should symptoms increase in spite of treatment, operation should be performed without delay.

A contraindication to operation is the ap-

pearance of multiple foci or an especially severe localization of disease in some other part of the body.

Operation—Where the ureter is palpably thickened or the vesical mouth has been shown by the cystoscope to be diseased, it should be removed with the kidney down to the bladder. Many surgeons say, however, that tuberculosis of the ureter will spontaneously disappear after removal of the kidney. If the belief that tuberculosis of kidney is primary and a descending process instead of an ascending one is correct, such a view would seem to be right. I would like to mention an extreme instance reported by Kuemmel, in "Klebs on Tuberculosis," where there was present tuberculosis of both testicles, both seminal vesicles and bladder and both kidneys, together with pulmonary tuberculosis and a tubercular peri-urethral abscess. The trouble seeming to centre in the left kidney, this was removed and the patient was sufficiently relieved to return to work. Such a case lends great support to the view of its being primarily renal in origin.

Of seven cases of stone in the kidney, that I have seen in the last five years, three have been operated on and are entirly recovered. Of the seven cases, five were females and the three cases operated on were females. The history in all three cases is much alike, the symptoms varying in intensity and duration.

Mrs. Margeret G., age 36, married, multipara. referred by Dr. Moore, Bloomfield, had been ailing for a few years, pain in left side, intermittent, at times characteristic renal colic, very severe; dysuria and pyuria. The patient had been under observation a long time and there seemed little doubt about diagnosis. No X-ray picture nor cystoscopic examination was made. Operation disclosed five small stones in the pelvis of the kidney, one as large as a marble. They were removed through an incision in the pelvis, which was later closed and cigarette drain carried down to kidney. The kidney was examined through pelvis and several punctures by needle made. The wound drained but a short time and patient has remained well since.

Mrs. B., age 28, married, one child, referred by Dr. Moore. Had suffered from dysuria since the birth of her child two years previously. She was catheterized several days after labor, and the infection was always regarded as an ascending one. Had been treated a long time in Brooklyn, where she then lived and by physicians in Bloomfield without any relief. Dr. Moore had treated her a long time, and sent her to Dr. O'Crowley, who reported that the urine from the right kidney was normal, that from the left contained considerable pus. Also said there was severe cystitis present. Patient had passed blood at intervals. Dr. O'Crowley made diagnosis of pyonephrosis. Patient had never had attacks of renal colic nor had she complained much of pain in the loin. No tubercle bacilli were found in the urine.

A nephrectomy was done at patient's home, and on incising the kidney, a small stone was found in an abscess cavity as large as a small walnut, but most of the kidney-parenchyma seemed healthy. At the time I regretted removing the kidney, though the long history and the ill health of the patient and the urologist's report warranted it, and the patient has since remained well.

It has often been found that when an abscess has been drained, other abscesses form, and Mayo, in last reports, removed a kidney from a patient, who had had nephrotomy for stone fifteen months before.

It is likely in my case that the stone was not the cause of the abscess, but vice versa.

Minnie F., age 36, married, multipara, had been having pain in left side twelve years. During the past four years very severe attacks were felt, about four times a year, lasting a few days, accompanied by vomiting, prostration, and requiring morphine for relief. Patient had been operated on by a gynecologist four years before, could not say what for. X-ray picture showed one good-size stone in pelvis. Ureteral catheterization showed urine from right kidney normal; that from left contained pus.

Operation — Oblique incision through muscles, pelvis of kidney readily exposed, large stone felt and removed. On examining pelvis, I thought I felt a second stone which seemed to slip into the calyx; after searching some time and curetting calyx, which felt gritty, I decided to close pelvis, as X-ray picture had shown but one stone. Wound drained—cigarette drain. Next day, on removing dressings, a small stone was found in dressings. The discharge from wound lasted three weeks and patient is now real well.

This case proves that too great reliance should not be placed on X-ray pictures, though possibly if more plates had been made, the smaller stone would rave been shown. One great advantage of X-ray

pictures, even when presence of stone is quite positively known, is showing location of stone and enabling one to remove it with the least injury to kidney. Of the other cases, I had expected to operate on one this month in whom the presence of stone is known.

A second case, Mrs. G., age 57, was operated on eighteen years ago, and a large stone removed from kidney. Sinuses have lasted ever since, through which several stones have passed, according to patient's history. The other cases seem to have recovered from attacks of renal colic, one was X-rayed, no stones shown; the second case was examined by Dr. O'Crowley, who diagnosed pyonephrosis of left side.

Since the X-rays are being more generally used, renal calculi are found to be of quite frequent occurrence. Any foreign body, no matter how small, finding its way into any portion of the urinary tract, may become a nucleus of stone. Thus, bits of necrotic tissue, clumps of bacteria, eggs of parasites, or foreign bodies, such as bullets, pieces of catheter and even crystals of salt from concentrated urine.

The renal calices and pelvis are the usual sites of kidney-stones. Ordinarily they are few in number, though reports of one or two hundred and in one instance five hundred stones are to be found. The belief that stone in the kidney often causes malignant disease is accepted by most writers and it is even thought to be the cause of development of tuberculosis.

Every calculus irritates the tissues, with which it comes in contact, producing chronic inflammatory and degenerative changes in renal parenchyma. As long as the urine remains aseptic, these changes are slight; when septic, suppurative pyelitis or nephritis soon results. Infection may be hæmatogenic or possibly from genitalia. Gonorrhœa plays an important part in both cases.

Pain, hæmaturia and pyuria are the prominent symptoms though not pathognomonic. Anuria, complete, sometimes resulting fatally, may be caused by the passage of a stone through the ureter. It is claimed that there must be simultaneous disease or obstruction of the other kidney by calculus, but Schede says that there are enough instances of bilateral anuria from unilateral obstruction to establish the reflex theory, without doubt. But, he adds, one ought never to be content with this theory, but make an effort to find the condition of the other kidney before operating.

It has been shown that stone in the kidney can cause symptoms of vesical irritation, dysuria, etc., when the bladder is normal, and Rovsing says the cystoscope has shown that in one-half of the cases thought to be cystitis, no disease of bladder exists.

Severe persistent pain, severe hemorrhage, obstruction of ureter, evidence of sepsis, chills, pyuria, etc., will all prove indications for operation.

As to operation, there is some question as to the method of attack. Most observers advising splitting the kidney even where stones are in the pelvis, claiming that after pyelotomy fistula often remains, and that the chance for examining the entire organ, finding unlooked for stones and draining small localized abscesses by nephrotomy is much better. Hemorrhage as a rule is slight, though instances are reported where nephrectomy had to be done following nephrotomy.

In pyo-nephrosis with stone, the surgeon will have to decide whether the portion of the kidney left will be sufficient to outweigh the risk entailed by leaving it or performing nephrectomy. In this connection it is to be borne in mind that in a number of septic conditions of the kidney, the other kidney may be the site of nephritis, which improves and often disappears after removal of the more highly diseased organ with its associated chronic sepsis.

Seven patients have been operated on for nephroptosis, on all of whom the Edebohl's operation was performed and all of them as far as I have been able to learn have been relieved. In none of the patients was any great difficulty encountered in the operation, no urinary disturbances, and all recovered without any trouble. The history of all these patients was much alike and it is not necessary to relate them, though of one who suffered considerably more than the others, and who was, apparently, entirely relieved, I shall speak.

Miss S. B., age 23, single, very thin, delicate, had been under my care for fully a year and had suffered for a few years with vomiting, coming on as a rule a week before menstruation. She was unable to work, usually confined to bed, vomiting freely and with but little relief from medication. Menstruation was regular, very profuse, not painful, no evidences of appendicitis and the right kidney could be plainly felt and had a wide range of motion. Nephropexy, by Edebohl's operation, gave her complete relief, her general health improved, she has since married and has borne one child.

Patients with floating kidney are seen

commonly enough by all of us and it is often questionable how much of their trouble is due to such misplacement.

Johnson says the normally placed kidney of healthy individuals can rarely be felt. In fact, he says: "Many surgeons believe, that if a kidney can be easily palpated, it is positive indcation of misplacement or disease." He adds: "This is not true of slender individuals with relaxed abdominal walls. Albarran says the view that the kidneys are fixed organs is incorrect. They possess a normal range of motion of more than one inch." Moullin says: "A kidney may be said to have abnormal mobility when with the patient upright, it fails to re-ascend with expiration after being forced down by inspiration." According to Morris: "The condition is found in eleven females to one male, and on the right side twelve times oftener than on the left."

The more frequent occurrence of movable kidney in the females is due to the shallowness and more cylindrical shape of their lumbar recesses, these spaces in males being deep, narrow and pear-shaped with the narrow end below. This is according to Moullin and the same view is taken by two or three other authors. The preponderance of right-sided cases is due to slight torsion of lumbar spine normally present in right-handed persons.

Tight lacing, enlargement of liver and spleen, absorption of perirenal fat, are all given as causes, though the condition is fairly common in countries where corsets are not worn at all.

Fenwick says: "Transitory hyperæmia of kidney during menstruation possibly loosens fascial attachments and favors development of movable kidney." Schede says that pain and other symptoms of Dietl's crisis, etc., are due to sudden obstruction to escape of urine—acute uro-nephrosis. In other cases there is pressure on renal vessels and the kidney suffers from obstruction to venous outflow. There will then be added acute swelling of parenchyma and stretching of fibrous capsule. This will explain the severity of pain and the fact that it is not instantly relieved on replacing the organ.

Edebohl called attention to the association of movable kidney and inflammation of appendix and said the same might be found in 60 per cent. of all appendiceal troubles. His view was that the movable kidney presses upon duodenum and pancreas. The superior mesenteric vein, which carries blood from the appendix, passes across the duodenum and behind the pancreas and is, therefore, compressed by the movable kidney, leading to congestion with resulting inflammation of the appendix. He also found the condition frequently associated with disease of the biliary tract.

Wolkoff and Delitzin, who have studied the subject extensively at autopsy, have found that the intra-abdominal pressure of a normal abdomen is of the greatest importance in keeping the kidney in its natural position. If the subject is suspended and the abdominal cavity be opened so that air may enter into it, the kidney at once sinks nearly one inch. The same thing happens if the abdominal muscles are removed without opening the abdomen. As soon however as this is opened, the lower pole of the kidney sinks further downward and forward until it passes the iliac crest. The abdominal wall may be looked upon as a bandage, so far as the kidney is concerned. Any relaxation of the abdominal wall favors motion in the kidney, while increased tension of the abdominal wall will tend to prevent abnormal renal motion. This will, I think, explain the good effect of well-fitting abdominal belts and the uselessness, as a rule, of pads.

Two cases of intermittent or relapsing hydronephrosis have come under my care. The first case was seen during my first year in practice.

Mrs. S., born in U. S., aged 24, mother of one child and about four months pregnant when first seen, said that for years she had had trouble in left side, would notice swelling appear, grow large and then disappear rather suddenly. Would always notice the passage of large quantities of urine at such times. Did not complain of pain. When I first saw her there was a tumor in the left side, as large as an adults head, which with the history was easily diagnosed as hydronephrosis. Patient's general health was excellent. She entered Mt. Sinai Hospital, having been recommended to Dr. Brettauer, who removed the kidney and I afterwards delivered her at term, pregnancy and labor being normal. She soon afterwards moved to Boonton.

Mrs. Josephine M., German, aged 35, multipara, referred to me by Dr. P. F. Motzenbecker, who had treated patient over a year and had seen swelling appear and disappear in left side. Patient stated that at times she would pass enormous quantities of urine as the tumor would disappear. When seen at St. Michael's Hospital in November 1906, there was a tumor filling all the left side of abdomen, the con-

tents being fluid and there was not much question as to diagnosis. General health good, and urine normal. Have no record as to quantity.

Because of the large size of tumor, it was thought better to perform trans-peritoneal operation, which was done, the sac incised and removed, there being almost no kidney tissue left. There was considerable drainage from wound for a long time, but patient recovered and has remained well since. I saw the patient less than a year ago. Excepting for a scar, which was none too firm, she was well.

Tuffier found 21 out of 25 cases of hydronephrosis occurred in females and that 28 out of 66 cases were due to kinking of ureter. Stricture of ureter is also given as a frequent cause and the most common cause of stricture to be gonorrhœa. That stricture of the urethra is common, Tuffier says, is shown by fistulæ which persists after nephrectomy occurring in 45 per cent. of cases and is due to this cause.

A kidney dilated by complete obstruction of ureter never attains the size one does whose urinary outflow is incompletely obstructed. When obstruction is complete and sudden, atrophy and obliteration of kidney soon follows. In intermittent cases the tumer often attains enormous size. According to Schede, one cannot tell from the urine first excreted after obstruction is relieved, the condition of the kidney. One must wait several days before determining what work the damaged organ can do. Hydronephrosis has been observed in new born children, and sometimes interferes with the birth of the child.

Echinoccoccus cyst of liver, hydrops of gall, bladder and ovarian tumors must all be considered in making a diagnosis.

As to treatment, while it is recommended by some to incise or puncture extra-peritoneally and drain, should fistula persist, it argues for complete obstruction and nephrectomy must be done. As a rule in old, large hydronephrosis, extirpation is advisable, since it is probable that the renal parenchyma is completely destroyed. Schede recommends the lumbar incision in all cases even where the tumor is of large size. Before operating the functional activity of the other organ should be known.

Of malignant diseases of the kidneys, my surgical experience is limited to one case.

Mrs. Rosa C., an Italian, aged 38, married, multipara, entered St. Michael's Hospital in Dr. Ill's service. Patient was extremely emaciated, had large, hard growth in right loin, extending well forward and the liver felt enlarged. Ureteral catheterization by Dr. Edgar Ill showed right ureter completely blocked. She was sent to the surgical ward and operation disclosed nodule in lower pole of kidney, and several smaller nodules around vessels and ureter. The kidney was removed and a large growth was easily palpable in the liver. The nodule in kidney was examined and found to be sarcoma, probably secondary to growth in the liver. The patient recovered from operation and after remaining in the hospital three weeks was sent home where she died two weeks later.

In conclusion, while no attempt has been made to cover the diseases mentioned, yet because of their frequency and general interest attached to them, points overlooked will, I trust, be brought out in the discussion. That patients bear operation on the kidney and even the loss of one kidney extremely well, is shown by my limited experience. Of six nephrectomies, three pyelotomies and seven nephropexies, all the patients recovered from operation and but one has since died, the case of sarcoma of liver and kidney. Just how well these patients get along after several years have elapsed, I hope the men, who have had longer and wider experience will tell us.

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30 Wallace Place.

Careless Treatment of Abnormal Conditions.

By giving something for the relief of indigestion in the chronic case, without a physical examination demonstrating the presence of a gastric or duodenal ulcer or gallstones, the physician may be responsible for the peritonitis which may occur weeks or months later as a result of perforation. Quite as certainly, by giving a cathartic for acute indigestion without a physical examination in a case of gangrenous appendicitis, he may cause a distribution of the infectious material over the entire peritoneal cavity by stimulating peristalsis, producing a diffuse peritonitis. This in turn may destroy the life of the patient in a few days.—A. J. Ochsner in The Boston Medical and Surgical Journal.

LOCAL MEDICAL SOCIETIES OF THE PAST.*

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In the consideration of a subject for a paper suitable for reading at the opening of this Academy, it was thought that it would not be inappropriate to review briefly what efforts have been made (particularly of a local character) in the origin, life and death of the Medical Societies of the past, with the hope that the history of their weaknesses or failures might be of value to us in our future.

The need of association is as natural among medical men as in any other calling. This was very early recognized, and repeated attempts were made to form such groupings imbued with the idea of individual improvement, and in a general way for the development of a broader culture among the mass of the profession.

In the early history of medicine in our State, the State Society, which was organized in 1766, seems to have been the only opportunity presented for the association of the physicians of the different localities, but the rapid development of the communities, with a proportionate increase in the number of physicians, made it necessary for other and more local associations. This demand was met by the formation of a medical organization known as the Medical Society of the Eastern District of New Jersey, in the year 1790.

The infant society was very much opposed by the parent organization, and prompt attempts were made to prevent such socialistic tendencies. As most of the members of the old society were from Essex and the adjoining counties, the effects which were anticipated of weakening the State Society, were soon apparent—in fact, soon supplanted it entirely. But as Wicks states, "their enthusiasm soon burned out, and in 1807 the Medical Society of New Jersey resumed its functions under its charter of 1790." An act to ratify and confirm its proceedings was passed by the Legislature at its session, December 1, 1807.

The next effort was that of The Essex District Society, which was organized in the year 1816, twenty-six years after the organization of the Medical Society of the Eastern District of New Jersey. This was the origin of our present county society of such honorable mention.

For many years this society was the only clearing-house, as it were, for professional exchange of thought and for social intercourse. But with limited time for its meetings, which were so seldom held, no great good was anticipated except that of continuing its existence as a component part of the State Society.

As time progressed, still further need was felt for organizations, pseudo-private in character, which would meet more local or individual requirements, with more time for meetings, shorter intervals between gatherings, and with more scientific work. This seemed to be the reason for the formation of the Newark Medical Association, which was organized in the year 1835, with a membership of seventeen. It held its regular monthly meetings on the third Monday evening of each month, its annual meeting on the second Monday of July. These meeting times were subsequently changed, as it was thought advisable. Its meeting place was in the upper Library Hall in Newark. Its regulations were published under the title of "Regulations and System of Ethics of the Medical Society of Newark," imprint 1835. Its first officers were Abraham Campfield, president; Jabez G. Goble, vice-president; William T. Mercer, secretary; counsellors, Lyndon A. Smith, I. M. Ward, J. A. Paine. Among its regulations may be noted in particular: The object of this association shall be the cultivation of friendship among its members, to promote the interests and improvements of Medical Science, to regulate professional intercourse and the fees for professional services. The regulation of fees, judging from the very lengthy and explicit table appended, seemed to have been the principal consideration.

Quoting one of its sections, we read: "Every practitioner at the time of his becoming a member of this association shall sign the following obligation, viz., The undersigned do approve of the regulations and system of medical ethics adopted by the Medical Association of Newark, and do on their honor agree to comply with the same." It may be of interest to note a few of the items in the fee table, for which such obligations as were imposed contended for:

Regular visits, 50 cents; in the night, $1.50. Delivery of a natural case, with three visits, $5. Preternatural cases, re-

*Read before the Academy of Medicine of Northern New Jersey.

quiring instruments, not less than $10,00, which was also the price of a dislocation or fracture of the thigh. In fact, in those halcyon days, the most expensive illness was about $10 per case. Certainly a condition to be enjoyed by the patient.

Even with the apparent cheapness of medical service, we find provisions made for the pauperizing of the public. For we find special arrangements for deductions, and many charitable excuses offered by the physician to help others who probably were better off than himself. We read:

"The foregoing table is intended to state the lowest fees which shall be demanded, subject however to the deduction hereafter mentioned." So, we find the ethical predominating over the scientific in the work of the society. In fact, there is nothing to show in their regulations providing for scientific work. Still with its long life extending, according to the city directory, to the year 1883, it must have been a power for good and exerted an influence which possibly was felt throughout the community.

Its library, just how expensive I do not know, found its morgue in the Free Public Library for a time, many to be marked with the final "discarded" stamp, to find their way to the pulp mill.

Why its decease? I hope some of those among us who were on its roll as members will let us know. For it is desirable that such data should be preserved as one of the possessions of our new association.

In 1859, there was organized the Essex Medical Union, which seemed to be in its interests, about the same as the Newark Society, with the exception of its less limited local membership. The same members are recorded as affiliating with each society. Their constitution and by-laws have not been found, so I am unable to give further information. It seems that it ceased its existence, for there are some of the members among us, and the writer here requests them to collect such items for preservation. Many of the papers which were read at both of these societies will be found in that mine of local medical information, *The Medical and Surgical Reporter*, the successor of the *New Jersey Medical Reporter*.

Of particular interest will be noted the articles published May 4, 1861.

"At a meeting of the Essex Medical Union held at the residence of Dr. L. W. Oakley, the following resolution was unanimously adopted:

"Resolved, That members of this Society agree to render gratuitous professional service to the families of those who may enlist for the war, when desired.

"W. M. Brown, Secretary."

"At a meeting of the Newark Medical Association, the following resolution was unanimously adopted:

"Resolved, That we, members of the Newark Medical Association, regularly constituted physicians and surgeons, recognizing the obligations of patriotism, do hereby hold ourselves in readiness to obey any call which may be made by the government upon our professional services during the present fearful crisis through which the country is passing."

They were called, and were not found wanting, and they gave a good account of their stewardship. We should remember them, for there were none better in the service.

Probably the most promising effort toward scientific medicine was in the incorporation of the New Jersey Academy of Medicine, under the act of March 10, 1874. This, while a State Society, had a large local membership, which makes its history of more than a passing interest. Its object was so similar to that of this society that perhaps we can read a lesson from its history. This act of incorporation reads:

"Whereas, The Medical profession of the State of New Jersey is without any regularly organized and chartered medical association, whose objects are for the exclusive purpose of advancing the art and science of medicine and surgery and assisting its members in the study of medical sciences; for the preservation of rare and valuable objects of scientific interest; for promoting harmony among medical men, and maintaining high the standard of professional character; for encouraging and perpetuating the study of regular and legitimate medicine; for the strict maintenance and support of the code of ethics as recognized by the American Medical Association.

"Whereas, The Medical profession of the State of New Jersey have not under their charge a museum for the preservation and exhibition of objects of medical interest, nor a public library for the collection and safe preservation of works and treatises upon medical and other scientific subjects; therefore—"

We will omit the legal provisions and refer you to Section 3, where very lengthy and specific arrangements are provided for anatomical, physiological and pathological investigations on the human body, as provided in the charter.

This act was pasesd by the Legislature March 10, 1874.

The first meeting was held in the upper Library Hall, Wednesday, June 17, 1874, for permanent organization, at which meeting the by-laws were adopted, which had been previously prepared by some of the charter members, who were Drs. B. A. Watson, Jersey City; J. D. McGill, Jersey City, and Charles Young, Newark, all now living.

The by-laws consisted of twenty-eight articles, some short, but most of them lengthy, covering every conceivable condition possible to its management, legal, ethical and scientific.

This association for a time flourished, judging from its minute book, and did good work. Many scientific papers were read, pathological material shown, and apparently a very healthy spirit was manifested. Still after a few years, the last recorded notes being December 19, 1879, it ceased to exist, or as one of its members informed me, it just "petered out." I can find no records of its transactions or memoirs of its collections of books, rare manuscripts, medals, etc.; if they ever existed, they are gone and its prospective museum was apparently on paper.

We have shown three medical associations simultaneously wandering about, all trying to solve the problems of a "Society." None of them having a home, but going from place to place, to camp for the time, as it were. Migration is a poor condition for permanent organization. The home roof tree is the sign for centralization.

We have presented to you the picture of the uprising and the downfall of these various societies. All starting with the vigor and promise of youth, only to have the early senility of lost interest overtake them. It would be perhaps safe to remark that this early change was individual or personal in character, and early betrayed itself by failure to do the duty imposed by such societies, or by weakening of its character by invidious remark, or innuendo before disintegration followed.

What we want, to make for success, is the centralization of the medical interests of our territory in one grand organization. For as the florist in his endeavor to produce one perfect flower, removes all the buds of no promise, so we must concentrate our interests.

What we want is the best that is in each member, and while some of his money is necessary, it is the more easy to get than his constant mental interest. Do you want success? I bespeak for you, that you will obtain it only if you are willing to work for it. It will not come by wishing, but it will come by working. There will at times be differences of opinion and attrition among us, but remember that these do not necessarily mean destruction, but that honest diversity of mind and an unselfish desire for helpfulness, will make for a better society.

Let us cherish the flame. In the temple of the Magi of the fire worshipers there were brought sprigs of acacia, fragrant oils and branches of tamarisk, that the fire ceased not. Shall we not build to-night a new altar, and kindle a fresh flame? Bringing our offerings of heart and mind, that the light from the sanctuary of the Academy of Medicine of Northern New Jersey will be seen of men, to warm and to illuminate the progress of Medical Science to the coming of many days.

If the fire darkens, yea dies, and posterity comes seeking light and finds nothing but ashes, it will be your fault and mine.

SOME ESSENTIALS TO BE REMEMBERED IN THE TREATMENT OF BITES OF DOGS, CATS AND OTHER ANIMALS.

By Henry A. Tarbell, M. D.,

Assistant Bacteriologist, Newark, N. J., Board of Health.

All bites should be cauterized with fuming nitric acid, applied most satisfactorily by means of a glass tube drawn out to a fine calibre. This agent penetrates deeply into the tissue, and, according to the best authorities, is the most efficient. It should be applied as soon after receiving the injury as possible. Many physicians have cauterized wounds with silver nitrate, carbolic acid, hydrogen-peroxide, etc., but time is wasted in their use.

The dog should not be killed, but chained up and kept under close observation for a period of sixteen days at the least. If he is infected with rabies he will show symptoms in that time and in all probability will die within ten days. It is a fatal disease in animals. Pasteur treatment, to be effective, must be instituted within five days after the infliction of the bite, or its usefulness is very much impaired. In doubtful cases, or where the animal has disappeared, it is better to give the treatment than to take chances, because the virus is

harmless if given under aseptic precautions, and if the animal happens to have been rabid we have probably saved the patient from a dreadful death.

If the animal has died or has been killed, send the head to a laboratory for examination. This examination takes but a short time, and if Negri bodies are found in smears taken from the brain, we are surely justified in instituting Pasteur treatment at the earliest possible moment.

Bites on the face or head are much more serious than on the extremities or trunk, for the reason of the close proximity to the brain, the infection being carried from the wound via the nerve sheath. In these cases 24 hours may be all that is necessary for the virus to have reached the brain, when Pasteur treatment may be ineffectual. There have been several cases of death from rabies in the State during the past two years. If the above suggestions had been carried out, their deaths could in all probability have been prevented.

The Board of Health of Newark, N. J., is administering Pasteur treatment to its citizens free of charge, and at a nominal figure to non-residents. The same general plan of treatment is followed as is done by the Pasteur Department of the New York Board of Health. The patients present themselves daily for 21 days and are injected with gradually increasing strengths of virus. The patient is not kept at the hospital, and his business or school is not seriously interfered with.

Clinical Reports.

Crural Phlebitis During Pregnancy.

Reported by Dr. G. L. Brodhead at the January 12th meeting of the New York Obstetrical Society:

Dr. Brodhead reported this case because of the exceeding rarity of this condition occurring during pregnancy. He saw the patient in consultation with Dr. R. L. Irish on January 6th, 1912. The patient was a primipara, twenty-three years of age, and had never had occasion to consult a physician prior to her pregnancy. Her last menstruation was in May, about the 12th, 1911, and her confinement was expected about February 19th, 1912. Between September 1 and 10, there were vague pains in the left leg, but there was no tenderness or swelling. On December 29th, 1911, she had pain and swelling in the left leg and her symptoms had become steadily worse up to the present time, January 6th, 1912. Her temperature was 99° F. and the whole leg was found to be very much swollen, the calf and the lower thigh measuring three inches more in circumference than the other leg. There was also some marked tenderness along the internal saphenous vein from the groin down to about the middle of the thigh. Later on there was tenderness in the calf of the leg. The improvement in this case was rapid from this time and the patient was up and about, apparently as well as ever. In the last 5,000 confinements at the Post-Graduate Hospital there were ten instances of crural phlebitis occurring in pospartum cases, or 1 in 500 labors. Dr. Brodhead's reported case was the first case he had ever seen where a phlebitis had occurred antepartum. Inasmuch as traumatism as a cause could be excluded in this instance it would be interesting to know what form of infection was responsible for the condition.

Pregnancy in Both Tubes.

Davidsohn, Munchener med. Woch., January 16, 1912, reports a case in which an extrauterine pregnancy of equal age was present in each Fallopian tube in a woman thirty years of age, who had had two children and one miscarriage. About six weeks after her last period the woman suddenly went into collapse and a diagnosis of ruptured ectopic having been made an immediate laparotomy was done. Each tube was found to contain an ovum but only one had actually ruptured, the other one being in the process at the time of operation. The patient developed a septic peritonitis and died. The case is noteworthy because of the early date at which rupture occurred and shows the necessity of carefully examining both tubes in every case of diagnosed ruptured ectopic.

Cornual Pregnancy in the Normal Uterus.

Case reported in a paper read by Dr. E. A. Schumann before the Obstetrical Society of Philadelphia, January 4, 1912, and published in the Amer. Jour. of Obstetrics, April:

The patient was a lady of thirty-four years, the wife of a physician. Her previous history was uneventful, menses regular and normal, no illness of note. She had previously borne two healthy children, the first labor a slow instrumental one, the second easy and spontaneous. She had had two early miscarriages in the first years of her married life. In February, 1911, she noticed some delay and irregularity in the menses. This condition persisted until May, when there developed absolute amenorrhea with the subjective symptoms of pregnancy. The patient then began to complain of a steady dull pain in the right iliac fossa, which was at times aggravated by severe lanceolating attacks of great violence. On at least two occasions there was a slight bloody discharge, simulating a scant menstruation.

When examined by the writer, the patient presented the usual signs of pregnancy, blueness of the vaginal mucous membrane, engorgement of the breasts, nausea, etc. Upon vaginal examination the uterus was found irregularly enlarged to the size of a grapefruit. The main enlargement was on the right side of the fundus uteri, a large, fairly dense mass, of smooth contour and apparently continuous with the body of the uterus, which was itself hypertrophied and boggy in consistency. A tentative diagnosis of some form of ectopic pregnancy was made and the patient referred to Dr. B. C. Hirst for his counsel. Dr. Hirst considered the case one of cornual pregnancy and advised expectant treatment in the hope that the gestation might

be converted into an intrauterine one and go normally to term. Treatment by rest and careful avoidance of exertion was accordingly instituted, but after a trial of three weeks, the pain and discomfort became so marked that the patient demanded relief and operation was determined upon.

On June 24, after a thorough preparation for abdominal section, the cervical canal was dilated, under ether anesthesia, and the uterus digitally explored. The organ was enlarged and flaccid with a large, dense mass occupying the right cornual region and bulging into the cavum uteri. A distinct septum of thick, soft but resistant tissue separated the cornual mass from the general uterine cavity. This septum presented a small central opening which was readily dilatable with the finger, giving admittance to the fetal sac. There was found a norfal four months fetus with its membranes and placenta intact, the entire ovum lying within the thinned-out uterine horn and extending into the uterine extremity of the tube. The myometrium was thinned out to a barely palpable tissue, and gave a tactile impression of marked attenuation. By means of a placental forceps the fetus and placenta were easily removed. The latter organ presented a characteristic appearance, being much flattened and having at one side a long, finger-like prolongation which had extended through the uterine cornua and had been attached for a considerable distance along the lateral aspect of the tube. There was noted a general devlopmnt of decidual tissue throughout the entire uterine cavity, which was curetted. The patient made an uneventful recovery and was discharged from the hospital in two weeks.

Double Uterus; Report of Case.

Reported by J. H. Stealy, M. D., Freeport, Ill., in the Illinois Medical Journal, June, 1912.

Young, single woman, aged 18 years, German, one of a pair of twins, the third birth in a family of eleven children. There was a younger pair of twins, one of whom died. The patient's twin sister is living and well, as are all her brothers and sisters, with the one exception above mentioned.

Menses began at the age of 14 years. Was of regular twenty-eight-day type of three days' duration. Very frequently patient was compelled to go to bed on second day, the pain was so great, and this pain must indeed have been considerable, as the patient was a hard-working, rugged girl, and not cultivated to the disabilities of pain. Except for these painful monthly periods, her health had been good. As to height and proportion, the patient's physical development is about normal, but she possesses the mentality of a child aged 10 or 12 years. Her grimy skin and mouth of decayed teeth tell of ignorance as to the laws of hygiene.

Present Trouble—On the day previous to her operation, the patient was taken with severe pain in abdomen at a little to the right of the median line. There was vomiting and weakness. She does not know as to temperature. After this attack she walked seven miles.

Examination—Abdomen was rounded and full, suggesting strongly a seven-months pregnancy. The muscles, however, were boardy. Particularly the right rectus. The vagina was filled with a fluctuating mass that extended intra-abdominally. A mass could be felt in right abdomen. Patient states that abdomen has been gradually increasing in size since menses began. Diagnosis in doubt.

Operation—On opening the abdomen, the right tube immediately presented itself. It was ten times its normal size and black. There were three twists between its uterine attachment and its fimbria. This, no doubt, was the cause of her acute attack—the strangulation of the tube by twisting. In the pelvis was a semi-solid mass, rounded and smooth, the size of a fetal head. This bulged into the vagina and nearly filled that canal. The great inflammatory congestion and matting together of all the pelvic organs necessitated a panhysterectomy.

Pathology—There was a double uterus. Both organs well formed as the picture shows you. The girl had menstruated from the left uterus. She also had menstruated from the right, but the cervix to this one was occluded, making a gradually increasing hematoma. This damming back on the right side caused a congestion in the right tube that markedly increased its size and predisposed to the twisting that finally brought the patient to operation. The patient made an uneventful recovery.

A Patient With Four Ureters.

Dr. H. D. Furniss, New York, reported this case, also the one following—Papilloma of the Bladder—at the meeting of the New York Obstetrical Society, January 4th, as published in the April American Journal of Obstetrics:

Mrs. D., thirty-four years old. Married. Never pregnant. Symptoms of right hydronephrosis at each menstrual period. When eight years had appendix and right ovary removed.

Menstruation began at sixteen, and was present every twenty-eight days, of three days' duration, moderate in amount. When she was eighteen she began to have with and a few days prior to each menstrual period, pain in the right side of the abdomen and in the back; this sometimes associated with nausea and vomiting. Pain can be relieved much by hot water bags to back. Some frequency of urination. Some pus in the urine.

Cystoscopic examination shows mild catarrhal cystitis. Four ureters are seen. Two empty into the bladder in the normal position, and two just about ⅜ inch proximal to these, and near the outer border of the trigonum. The ones normally situated are normal in appearance; the proximal ones are more rounded.

A catheter inserted into the right normally situated ureter is passed with some difficulty. Distention of the renal pelvis caused the pain of which she complains.

All four ureters were catheterized. Aside from a few epithelial cells and an occasional leukocyte, nothing abnormal was found in any of the urines.

On the left side a catheter was placed in the two ureters. The proximal one was first injected with 50 per cent. argyrol and the kidney radiographed. The two were injected and another radiograph made. The two show that the two ureters are distinct and have distinct renal pelves. The ureter opening proximally runs to the top of the kidney. The other two ureters could not be injected at the same time as the argyrol so clouded the distending medium that

it would have been impossible to see in the bladder.

Withing the last eighteen months we have seen four cases of three ureters; this is the first of four.

Pain at the menstrual period referred to the kidney has been described by a number of authors, and we have met it four times.

PAPILLOMA OF THE BLADDER.

Mrs. B., fifty-one years old. Never pregnant. Had a panhysterectomy at forty-three for fibroids. In good health until two years ago, when she began to have blood in the urine so profuse as to be readily recognized. Was treated with iron by her family doctor, this iron to supply the blood lost, for a considerable length of time. The hemorrhage has been almost continuous; exertion had slight effect. Seldom clotted. Cystoscopy showed a broad base papilloma situated over the site of the right ureter. This has been sparked three times within the past three weeks, the last treatment a week ago. After the last treatment the hemorrhage stopped. She has a cystitis localibed on the inferior half of the distended bladder. On the right side back of the ureter is seen a diverticulum. Now the growth can be seen well. The superficial part has become necrotic and sloughed away. The base and the edges will require more treatment.

Dr. Furniss reported another case of Papilloma of the Bladder at the meeting of the New York Academy of Medicine, January 25th, as follows:

A woman, seventy-two years of age, for two years had had intermittent hemorrhages from her bladder. Kelly's cystoscope was employed to determine the nature of her trouble, which was found to be papillomata of the bladder; they were four in number, all on the left side of the bladder and in the line of the ureter. Dr. Furniss demonstrated the apparatus used. The examination was made and treatment given with the patient in the knee-chest posture. After the third fulguration the urine was clear of blood for two days; then she began to bleed again. The hemorrhage was quite profuse. A suprapubic cystoscopy was performed and as he was unable to empty the bladder of blood clots, he was much interested to find the papillomata had sloughed out and the bleeding came from the largest one; which caused a sloughing of about one-eighth of an inch of the bladder wall. The patient was drained suprapubically. An hypostatic pneumonia developed and he feared that she was going to die because of it.

Koprolith, Simulating Fibro-Myoma Uteri.

A young woman from the country was sent to the German Hospital supposedly suffering from a large fibromyomata uteri. Dr. Draper put her under ether for examination and at that time I saw her first. Her previous history was that she had no hemorrhage, but had noticed an enlargement of her abdomen; bowels difficult to move; on one or two occasions she had appendical affection. The abdomen was enlarged, enlargement due to a spherical, hard, slightly movable mass, filling out abdomen, reaching above midway between symphysis pubis and naval, situated mostly in left side, emanating apparently from the left side of fundus uteri, uterus pressed down and backward. The diagnosis of fibromyoma uteri seemd almost established; as a matter of habit after the vaginal examination I put a cover over my left index finger and introduced it into the rectum. I felt a hard mass, was able to remove a little of it; then with plenty of warm water the whole "tumor" was either dissolved or softened and dislodged into the pail. Care was taken for the next few days to have the bowels freely moved. Then some time afterward finding the uterus still low and retroverted and on account of the attacks of appendicitis we decided to operate. We performed what I take the liberty to call "Kreutzmann's operation," transverse division of the skin (Kustner) and combination of abdominal work (removal of appendix in our case) with extra inguinal shortening of the round ligaments after Alexander. We found the colon and sigmoid enormously enlarged, but no sacculation; all the layers of the intestinal wall taking part in the thickening. Later reports are to the effect that the woman remains well. Dr. Terry reported a year ago some similar cases; this is the first of such large accumulation of feces in my practice.

Appendicitis Due to Hydatid.

Reported by Dr. A. S. Trinca in the Australian Medical Journal.

In this case the appendix was found lying behind the cecum with an adherent mass near its tip. The mass proved to be a hydatid cyst. Spread over the cyst and along the anterior surface of the appendix were tortuous dilated veins. The cyst had developed between the layers of the meso-appendix, from which the adventitious coat had arisen. Traction of the cyst at the appendix had produced a kink at the point of attachment, and this kink had apparently caused the symptoms, for a mciroscopic section of this part of the appendical wall showed constriction of the lumen and engorged, dilated vessels, but no other signs of inflammation. Examination of some of the clear cyst fluid revealed typical hydatid scolices. Projecting through the serous coat of the appendix nearer the proximal end were two small white rounded bodies, probably hydatid costs in an early stage of development.

Cases of Exophthalmic Goiter.

Reported by Dr. George W. Hall, at a meeting of the Chicago Medical Society, January 31, 1912.

Case 1.—This patient is a young lady about 20 years of age, who entered the hospital in April, 1909, with practically all the typical symptoms of exophthalmic goiter, such as tachycardia, tremor, palpitation, exophthalmos and enlargement of the thyroid gland. She was kept under observation for a period of three or four months, and was given medical treatment without any apparent improvement. She was finally transferred to the surgical service, and was operated on by Dr. M. L. Harris in November, 1909, with excellent results. She is now able to do a good day's work as a maid without any ill effects. As you can observe, there is a slight exophthalmos present; the frontalis muscle shows no transverse wrinkling when the patient's eyes are directed upward. Von Graefe's sign is absent and her eyes converge accurately. There is no tremor of the hands on inspection, which was very marked previous to the operation. The pulse registers 76. A

partial thyroidectomy was performed, and as two years have elapsed since the operation, without any recurrence of symptoms, the prognosis as to permanent recovery is good.

Case 2.—This woman is 49 years of age. She dates the beginning of her present trouble back about five years when she was operated on for appendicitis and some other pelvic disturbances, the nature of which could not be ascertained. You will notice that there is no wrinkling of the frontalis muscle in this case when her eyes are directed upward. In other words, Joffry's sign is present. She has marked bilateral exophthalmos and Von Graefe's sign is present and easily brought out when the eyes are directed downward. Stellwag's sign, or infrequent winking, is also present in this case. The thyroid gland cannot be palpated. There is considerable dyspnea present associated with swelling of the lower extremities due to an incompetent heart, as she has a double mitral lesion. There is considerable pigmentation of the skin, especially noticeable in the region of the clavicles. There is a very distinct fine tremor when the fingers are extended. The pulse averages 120 per minute, so that she presents the classical picture of exophthalmic goiter. I want to emphasize the fact that the onset of these symptoms immediately followed the operation for appendicitis, and a vaginal examination indicates that the uterus was also removed at the same time. The relation of the involvement of the heart to cases of exophthalmic goiter will be brought out in the discussion.

Case 3.—This woman who is about 48 years of age, gives a history of having lost several pounds in weight during the past few weeks. She came to the hospital with a diagnosis of exophthalmis goiter and tuberculosis. That she has the latter disease is without question. She also has marked exophthalmos and a very large goiter. Her pulse rate is 96, which can be accounted for by the presence of the lung findings. I might add that the goiter has been present since she was 18 years of age. A careful study of this case, revealing the absence of other important symptoms of exophthalmic goiter. But she presents a combination of symptoms which might cause one to be misled in the diagnosis.

Dr. Hall, in presenting these cases, said: "I want to call your attention to a few conditions which may arise in the course of exophthalmic goiter. Some of these patients become insane, and the question naturally arises as to the relations that may exist between the goiter and the insanity. Is the goiter and its abnormal secretion the direct and entire cause of the insanity, or are there other factors entering into the etiology? In looking into this question, I find that predisposing factors are present in about 60 to 65 per cent. of the cases, either in the form of hereditary tendencies, or there is present in the patient certain neurotic tendencies previous to the onset of the symptoms of exophthalmic goiter. In about 15 per cent. of the cases the patients have shown previous attacks of mental derangement; so that the insanity is not purely toxic insanity as one might be led to believe, as 60 to 70 per cent. of these insanities come on simultaneously with the culmination of the symptoms of goiter, while perhaps 10 per cent. follow the onset of the goiter. It is rather interesting to note that the form of insanity is most frequently of the manic-depressive type. These cases do not lead to dementia, but either improve with the improvement of the goiter symptoms or otherwise the goiter hastens the exit of the patient. He also spoke of the occurrence and development of goiter with pelvic disturbances. In such instances the pelvic lesion exists before the onset of goiter symptoms and the relief of the pelvic trouble causes the goiter to improve."

Large Gallstone.

Dr. H. J. Kreutzmann reported the two following cases before the section of the San Francisco Medical Society. March 19, 1912:

Woman of 64 years, mother of a number of children, always been in good health. One and a half years ago was taken with severe colic pains all over the abdomen, obstruction of bowels, vomiting; no physician in attendance; upon resort to different purgatives bowels moved freely and she was relieved. Has been in good health since until a short time ago when she was again seized with colic pains, obstruction of bowels and vomiting; finding no relief from her own agencies I was called. Abdomen was very large, fat, not painful to touch anywhere. There was no rise of temperature, pulse good. Bowels not entirely closed. When her condition did not improve and the possibility of operative interference had to be discussed, Dr. Conrad Weil was called in consultation. No resort to operation as yet was considered advisable. Next day the nurse, in giving a high enema, came upon a very hard body in the rectum, which she was able to work out. Dr. Weil says it is a large gallstone, filling out the entire lumen of the bladder, which through usure had worked itself into the intestinal tract.

A Remarkable Hermaphrodite.

Hirschfeld and Burchard, in Deutsche Med. Woch., describe the case of what was undoubtedly a male with perfect female external genital organs. The sex diagnosis was made through the discovery of spermatozoids in the urethra. The individual had in part the secondary sexual characters of a female and had been brought up as a girl. Not until the age of 20 did the individual have any doubt as to the sex, although psychically the male type had always been approximated, not only in choice of occupation and recreation, but in sexual feelings, strong but innocent attachments having been formed with certain girls. At puberty menstruation did not appear, but the voice changed and a scanty beard and moustache appeared, which had been removed by a beauty specialist. Sexual excitement, both when awake and in dreams, was accompanied by erection of the clitoris, and orgasm and ejaculation of a whitish fluid from the urethra. The lines of the figure were feminine throughout, and the breasts were well developed and the hands and feet small and tender. The external genitals were feminine throughout. There was an intact hymen and normal vagina. The uterus was infantile and ante-flexed. No ovaries were palpable. The expression of the face, the gait, speech and handwriting were masculine and the impression made was that of a male. The mental processes were decidedly masculine. The crucial test was found in the urethral ejaculation which

contained active spermatozoids. Extreme care had to be taken to exclude the possibility of deception, and a well-known embryologist was one of the scientific men invited to be present, the case having a forensic side in that the correct sex was to be publicly established. The ejaculated substance was shown to be semen and not a mere fluid containing spermatozoids. The sex was affirmed to be male and male clothing was henceforth worn. The right to marry is questionable, as coitus could not be effected. From this point of view the individual could have married as a woman, for the vagina is quite normal. On the other hand, paternity is possible with artificial impregnation. The case appears to be quite unique.

Abstracts from Medical Journals.

Lumbar Puncture in the Treatment of Aural Vertigo.

Dr. J. J. Putnam, in the Boston Med. and Surg. Journal, states that nine years ago Babinski first called attention to the therapeutic value of the withdrawal of 10 to 20 ccm. of cerebrospinal fluid as a means of treating aural vertigo. The best cases for treatment by lumbar puncture are those in which various tests show that the labyrinthine apparatus is still in a fairly normal state. When the neural degeneration is far advanced the effects of withdrawal of cerebrospinal fluid are less marked at the outset and repetitions of the operation, which in the better cases work well, produce less and less marked results and are eventually of no benefit. The most favorable cases of all are those of pure labyrinthine origin and of relatively short duration. In such cases no great disturbance of hearing is present and especially no serious middle-ear disease.

Imbeciles as Potential Criminals.

G. A. Auden quotes Fernald (Jour. Crim. Law and Criminology) as saying that it cannot be too strongly impressed on our notice that every imbecile, especially the high-grade imbecile, is a potential criminal, needing the proper environment and opportunities for the development and expression of his criminal tendencies. The life history of the imbecile put under permanent protection and training at an early age is very different from that of the feeble-minded who grow up at large in a modern urban community. Nearly all of the imbeciles trained from childhood or youth may be taught habits of industry and compartaively good behavior, and a large proportion of them settle down to a condition of inhibition of the antisocial traits, and indeed to a condition of ostentatious pride in the virtues which they unwillingly practice.

The Suprarenal Capsules in Erysipelas.

Lesne, Gerard and Francon, in La Presse Medicale, cite the histories of seven cases of erysipelas to show that suprarenal insufficiency is present with fatal results in some cases. A resume of these cases shows that this condition of insufficiency is present after convalescence has been established. The general condition becomes worse, with manifest asthenia and lowered arterial tension, and death rapidly ensues. The cardiac dullness is found to be increased; the liver is increased in volume; there may be vomiting or diarrhea, and pronounced dyspnea. The condition is analogus to what occurs in severe cases of diphtheria. The hypotension is due to suprarenal insufficiency, the tone of the blood-vessels being no longer maintained. The end occurs with cardiac collapse. At autopsy the fololwing changes are found in the suprarenal capsules: These are infiltration with uninuclear leucocytes; microscopic hemorrhage in the reticulum of the gland, with a dissociation of the cellular masses; there is an almost complete destruction of the medullary layer with cellular pycnosis.

The Cause of Ascites.

Dr. Richard C. Cabot, of Boston, Mass., from a study of 5,000 cases, gives the following summing up in the American Journal of Medical Sciences, January, 1912:

1. Among the possible causes of extensive ascites we must not lose sight of the small solid tumors of the ovary.
2. Pleural effusion may be produced by an extensive ascitic accumulation. This association may lead to a false diagnosis of pleural and peritoneal tuberculosis.
3. The cure of both pleural and peritoneal effusions may result from excising a benign ovarian tumor.
4. Among all causes of ascites, tuberculous peritonitis may sometimes be recognized by the greater slowness of its accumulation of fluid.
5. Intestinal obstruction ranks fifth and disease of the female genitals sixth among the causes of ascites, being surpassed only by cardiac disease, nephritis, cirrhosis and tuberculous peritonitis.
6. Besides the causes just mentioned, abdominal neoplasms and adherent pericardium are the only factors of importance in the production of ascites.

The Prevention of Adhesions.

The prevention of adhesions is much more satisfactory than the cure, and the main points to be borne in mind are the following:

By complete control of bleeding surfaces there is no chance for the formation and organization of a clot between the loops of the bowels or in the pelvis. Care should be taken to have complete hemostasis in the abdominal wound. Oozing surfaces in the abdomen can often be checked by hot salt sponges or by the sterilized powder of subsulphate of iron as suggested by Kelly. Rough handling of the bowels is not only productive of adhesions, but also of postoperative dilatation and should, therefore, be avoided. Gauze packs should always be moist and never left in the abdomen longer than absolutely necessary, as they irritate the bowels and, therfore, may be the cause of adhesions. This fact is shown by the use of gauze drains for building up a well of adhesion in pus cases. —Max Emmett, Iowa Medical Journal.

Edema of the Eyelids in Children.

EDEMA OF THE EYELIDS IN CHILDREn

In discussing various difficulties of diagnosis encountered in children, the author calls attention to the fact that there are four conditions in which this symptom may be met with. The first two are chronic nephritis and the rare cases

of congenital edema of the lids. The condition is also an early symptom of rheumatic pericarditis. In fact, it often appears before any other sign, unless it be an increase in the rapidity of respiration. In the three conditions just mentioned the edema is more marked in the upper eyelids, but in a fourth condition, whooping-cough, it is more often in the lower lids. As it appears sometimes before the cough it may be of assistance in the diagnosis. The author tells of the case of a boy brought to him because of loss of appetite, and who had no cough, but exhibited the symptoms above mentioned; a week later he developed the characteristic whoop.—Hugh Thursfield in Birmingham Medical Review, December, 1911.

Extraordinary Temperatures.

Dr. N. B. Lennon, in the California State Journal of Medicine, December, 1911, reports this case. He says: Except for a slight systolic murmur at the base of heart no pathology was discoverable in this case. The patient had been curetted about three weeks previously because of bleeding following a miscarriage. The abortive outcome of her pregnancy was a source of chagrin and disappointment to the patient and she took it deeply to heart. Noticing a slight tinge of blood on the bed sheets, she became greatly agitated, restless anl sleepless, and from that time until the end of the week refused all food save asparagus tips, for which she evinced a marked predilection. That the patient was hysterical was plain to Lennon. Her skin was cool; her pulse was but 80; the rectal temperature was 105 F. Steadily rising, the temperature reached 107 F. by 8 o'clock in the evening and at midnight 109 F. An electric pad was put on the abdomen and ice irrigations given. The temperature advanced to 111 F. An ice bath given in the afternoon was followed by a drop of two degrees. In the evening a sedative and a second ice bath were given, and in the course of fifty minutes there was a drop of thirteen degrees without the least sign of shock. During the night the patient rested well, but at 6 A. M. the following morning 110 F. was recorded and by 9 o'clock another degree had been added. A second sedative and bath were given; twenty minutes later 114 F. was recorded. During the greater part of the day the temperature was about 112 F.; during the night it dropped a little, but the next day it was again at 112 F. The patient was moved to another room, one cooler, quieter and more commodious than the one she had been in. She thought she had been brought from the operating room where the curettment had been done three weeks before and had lost all memory of the intervening time. At noon she talked clearly, was hungry, but still registered 107 F. By 5 o'clock her temperature was normal. Except at the time of the warm bath her pulse never advanced above 90 beats per minute. The patient is now well.

Residual Urine in Old Men.

Dr. A. G. Miller, in The Practitioner, London, September, 1911, says: The object of the treatment suggested by Miller in these cases is twofold, to improve the muscular tone of the bladder by exercise and to train the bladder to empty itself, to enable it to acquire a good habit. He admises those having residual urine after passing water in the usual way to wait a minute or two and then try again. Practice this as frequently as possible, till only a very small quantity can be squeezed out (say, half an ounce). When this point has been reached, twice or thrice daily may suffice. The most important times are before going to bed and on rising in the morning. On these occasions it may be advisable, at first, to make three, or even more, efforts so as to make sure of thoroughly emptying the bladder. It is not advisable to wait too long before making the second effort. About one minute is generally quite sufficient, certainly not more than two; because after the act of expelling the urine the bladder may quiet down if the patient waits too long, and a considerable effort may be required to start the flow again.

Anti-Typhoid Vaccination.

Vaccination against typhoid fever has been made compulsory in the army. The first attempt at compulsory anti-typhoid vaccination in military service was in the spring of last year, when the troops mobilized in Texas and along the Mexican border were immunized. Some 15,000 soldiers took part in those maneuvers, and although the season of year and the local environment were favorable to attacks of typhoid fever, yet, up to June 30, 1911, a period of nearly four months, only two cases had occurred. One of the two cases was an uninoculated civilian teamster, and the other was a mild case with a duration of only sixteen days.

In the last report of the Surgeon-General of the United States army several instances of the effectiveness of this new prophylactic against typhoid are cited from the army experience. The conclusions are that anti-typhoid vaccination is safe and reliable; that its general use would prevent much sickness and many deaths, and that it does not interfere with vaccination against smallpox. All new recruits to the army are required to be vaccinated against typhoid and the immunization of all persons in the military service under 35 years of age will, therefore, be completed in about three years' time. One of the most interesting and authoritative statements on anti-typhoid vaccination is the report of the commission appointed by the Academy of Medicine of Paris. Some of the more important conclusions of the Paris commission were the following:

"The benefits conferred by these preventive inoculations are revealed by comparative statistics of the typhoid morbidity and mortality, on the one hand, among soldiers subjected to the vaccination and, on the other, among the non-vaccinated. The former have presented a case incidence of typhoid fever of at most one-half that of the latter. Anti-typhoid vaccination does not accomplish the complete disappearance of this infectious disease in the communities where it is practiced, but it diminishes very notably its frequence. Moreover, such of the vaccinated who contract typhoid fever notwithstanding have much milder attacks than non-vaccinated subjects. The percentage of deaths supervening among the former is one-half that of the non-vaccinated typhoid patients.

"A single inoculation of baciliary vaccine assures a less efficacious protection than two or three inoculations. Relative or complete im-

munity engendered by anti-typhoid vaccination appears to last from one year to four years. It is, therefore, advantageous, if it is desired to prolong this period of immunity, to have recourse to revaccination. Anti-typhoid vaccination has shown itself to be without danger for the very numerous persons who have been inoculated. Vaccinal inoculations should never be made during an epidemic nor in persons who certainly have been exposed within less than three weeks to the contagion of typhoid fever. Anti-typhoid vaccination should be formally interdicted for every subject in whom typhoid fever seems imminent, or at the beginning of an attack. It may, indeed, aggravate the disease. It should be practiced only upon perfectly healthy subjects, free from all organic or other defects and from local or general affections, no matter what their nature, especially tuberculosis. Except in unusual circumstances, the vaccination of debilitated and delicate persons, who are likely to exhibit too severe a reaction to the antigen, is to be avoided."

Operations for Gallstones and Their Importance in Medical Selection.

Homer Gage says that in the report of the Massachusetts General Hospital, in the list of major surgical operations performed during the year 1909, operations upon the appendix occupy first place, those upon the uterus and its appendages second, closely followed by those upon the gall-bladder and bile ducts. At the Boston City Hospital and the Roosevelt and Presbyterian hospitals in New York a similar proportion obtained. Dr. W. J. Mayo stated that in St. Mary's Hospital, Rochester, Minn., the relative proportion of operations was: Appendix, 345; gall-bladder, 143; ovaries and tubes, 98; stomach, 77. In view of these figures it is important to find out something about the effect of these operations on the future life and health of the individual who has undergone them. Statistical evidence from an insurance standpoint is lacking. From this point of view the effect on the patient's probable expectation of life is more important than the immediate effect of the operation.

The most favored theory to account for the formation of gallstones is the histological or mucous-membrane hypothesis, which conceives the cholesterin and calcium of the bile to be formed entirely by the mucous membrane of the gall-bladder and bile ducts, a catarrhal inflammation increasing their production. Cholelithiasis is really the consequence of bacterial infection and does not belong to the group of diseases of degeneration. In its inception it is a purely local infection and in its progress represents a pathological condition due to mechanical causes. If unrelieved naturally or by operation it will culminate in permanent impairment of neighboring structures or in acute destructive inflammation of the gall-bladder.

If this theory of the formation of gallstones be accepted, and it is universal, then it is fair to assume that if by surgical intervention the infection and its products are removed before the secondary changes such as cholangitis, chronic pancreatitis, and cancer has developed, a permanent restoration to health may be accomplished. The only sign of a reformation is when fragments have been left at the time of the operation or suture or ligament material has been left in the gall-bladder and remains unabsorbed.

As to effect on the health of the individual who has undergone an operation for gallstones, Kehr provides figures which seem to show that between 70 and 75 per cent. of all cases may be fairly considered cured. Mayo Robson and the Mayo brothers supply equally satisfactory statistics. These, of course, are statistics representing the results of the most expert operators. Homer Gage's results representing the average are not so favorable as those of the operators referred to above, but still satisfactory, and he quotes and agrees with Richardson, who says that the operation is as certain to be immediately and permanently successful as any operation in surgery. Further, he suggests that a two-year interval of complete freedom from abdominal or digestive disturbances is sufficient to establish the probability of a permanent immunity. These remarks, however, do not apply to the after effects of operation for gallstones in the common duct. After such operations an interval of not less than five years of perfect health should ensue.—Proceedings of the Twenty-first Annual Meeting of the Association of Life Insurance Medical Directors.

Operability of Intramedullary Tumors of the Spinal Cord.

Dr. Charles A. Elsberg and Edwin Beer, of New York, in the American Journal of the Medical Sciences, November, 1911, speak of intramedullary tumors of the cord which have hitherto been regarded as inoperable. Their experience in two cases indicate that the removal of such tumors is far from being a hopeless task. They found that upon incision of the cord over the tumor, the latter is extended by the intramedullary pressure. The extension is noticeable almost immediately upon making the incision, and becomes complete or nearly complete within a few days. Elsberg and Beer, therefore, suggest the following method of treatment for intramedullary tumors of the cord: "If after laminectomy and incision of the dura the surgeon finds that he has to deal with a localized intramedullary growth, he should make a small incision, about 1 cm. long, in the posterior median column a few millimeters outside of the posterior median fissure, at the spot where the growth seems to be nearest the surface of the cord. The incision should be deep enough to cut the pia and the substance of the column down to the tumor. The tumor will then begin to bulge through the incision. No matter how markedly the tumor will seem to bulge, the surgeon must not attempt to remove the growth, for he will be sure to cause grave injury to the cord. He must leave it to Nature to extrude the tumor. As the normal intramedullary pressure will tend to readjust itself, the growth, which has caused an increased pressure, will be gradually pushed out of its bed. Nature will do this by a slow and gradual process, and the tumor will be slowly extruded, with a minimum of injury of nerve fibers. Therefore, after the small incision into the cord has been made, the muscles and skin must be closed and the actual removal of the growth left to a second operation. After about one week the wound is reopened and the tumor, which will in all probability be found outside of the cord, can be removed by divid-

ing the few adhesions which remain. If the manipulations are done with delicacy and care, no injury should be done to the cord substance. When the tumor has been removed, the pia should be closed by fine silk sutures, and the dura, muscles and skin sutured in the usual manner."

In one case a gliosarcoma of the cervical cord was thus removed with marked improvement of subjective and adjective symptoms. In the second case, a glioma of the cervical cord was easily removed; the patient died, however, from respiratory paralysis.

County and Local Medical Societies.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The May meeting of the Hudson County Medical Society was held at Lincoln Hall, Jersey City, on May 7th, 1912. Dr. Wallace Pyle, president, occupied the chair.

The meeting was devoted to a study of "Defective and Exceptional Children."

Henry Snyder, Ph. D., Superintendent of Public Instruction, spoke on "Defective Children." He said that pupils were usually classified as graded and ungraded, and that we were apt to think that graded meant equal ability. This is a mistake and soon proved to be such by teachers who allowed the classification to mislead them to attempt to treat all children alike. Mothers know that children are not alike and never will be. No two children are to be punished or taught by the same rule. Doctors do not treat all cases alike. There are all classes of children—from the idiot to the intellectual person. It should be the aim to classify children into smaller groups, even though we cannot give each child a teacher. The classification of exceptional children does not mean only the selection of a few below grade children, but it takes into account the brilliant children and makes provision that they shall not be held back in their work by association with others less competent.

Doctors who are medical inspectors select those who present some peculiar physical defect that requires special treatment. So there are also school classes where the pupils are defective in hearing or seeing, and the approach to these is absolutely different from that to the seeing and hearing child. So the classes of subnormal and defective children also requires special skill from special teachers, trained for that purpose. It is this that is being insisted upon in the schools, and it would be well if the public could become cognizant of the effort.

The segregation of these special classes makes the teaching of the normal children all the more effective. The wonderful patience necessary to unlock the secret minds of deaf and dumb children would be a revelation and a lesson to anyone who has only taught normal children.

The segregation of unusual classes produces another benefit, inasmuch as it reduces the size of normal classes which are altogether too large. There are seven teachers of defectives in this city, with six classes in operation and others will gradually be formed.

In 1910 the educational census showed 200 children who were reported as subnormal. Soon afterward Miss Hamilton, an expert in this line was appointed. She visited the subnormals and talked with their parents, and reported about 130 as eligible, and mentioned only two protests on the part of parents in allowing children to be placed in the special classes, and this in the face of the fact that parents are reluctant to admit defectiveness in their children. Doctors can help very much in removing these objections by advising parents of the benefits of these special classes.

Dr. Henry H. Goddard, instructor at the Vineland School for Feeble-Minded Children, spoke on "The Problem of the Exceptional Child." He stated that about two per cent. of the school population are defective, and that a defective was a person who is incapable of taking his or her place in society and competing on equal terms with others.

We have been taught to believe that all men are created equal, according to the Constitution, and that all have the ability to be anything they will, and that if our neighbor does not manage his affairs with ordinary prudence, it is simply because he does not. We think that all children have the capacity for doing routine school work, and if they do not, it is because they are malicious and inherently wicked. Children usually take pride in doing all they can, in doing work, answering questions, and if they cannot keep up with the others it is because they have not the ability, and this is proven by the fact that two per cent. of school children are feeble-minded, but not idiotic, the two conditions having been much confused until recently. He spoke of the difference of imbeciles and idiots, and expressed the belief that there are strains of human intelligence just as there are strains in stock. He emphasized the fact that a distinction must be drawn between feeble-mindedness pure and simple, and feeble-mindedness complicated or produced by disease. Thus hemiplegia does not absolutely produce feeble-mindedness and epilepsy; the problem must be worked out along the line of causation. Thus we might make two divisions of the epileptics: First, those who are absolutely feeble-minded and have the disease of epilepsy grafted thereto; second, those who are persons of normal intelligence and have the disease of epilepsy which has worked havoc and thus produced feeble-mindedness. He stated that this separation would make the approach to treatment much more definite. He called attention to the fact that 65 per cent. of feeble-minded persons showed it in their ancestry. That the Mongolian type has rarely had any light shown by a tracing back of ancestry. The speaker stated that there are 15,000 defectives in the public schools in New York City, and if two-thirds belong to the hereditary group, there are 10,000 who have hereditary feeble-mindedness, a large proportion of whom will marry and reproduce much more abundant defectives, as they increase about twice as fast as the normal population. He decried the notion that feeble-minded persons are hard to get along with. They are not, as a rule, bad or vicious. They are what the good old English called "innocents." If one finds criminality it has been produced by environment. Taken early and placed under proper conditions, the feeble-minded do not contribute any more criminals than the other portion of the population. It is only when the

feeble-minded are unrestricted that they become vicious.

Dr. Goddard denied that it is discouraging or depressing to be with these people. A person of twenty may have to be treated like a child of ten. That they are perfectly happy in filling their places in the world, that they do not worry about their mental condition or feel grieved that they are not running for the presidency. The speaker said that the influence of alcohol and syphilis in feeble-mindedness was still an unsolved question, inasmuch as they were never able to trace cases far enough back to get away from the feeble-minded ancestry, and that the condition of alcoholics were often co-existing. It was fairly easy, he stated, to get these people to go errands or do some kinds of menial labor, but difficult to educate them in reading or writing, and that, contrary to the popular notion, many imbecils and idiots had good memories. The doctor then exhibited, by stereopticon, fifteen graphic charts showing the ancestry and various characteristics of the feeble-minded cases whose peculiarities he had recited.

Miss Helen Hamilton, B. S., instructor of ungraded class of public school children, spoke on classes of exceptional children in public schools. She told of the necessity for special training in order to take care of the unusual children. She classified these into: First, dull; second, bordertive cast; third, feeble-minded. She described and illustrated the Benet test which had been found efficient for grading these children, cited cases to show its application, and how the individual is moved upward as his intelligence increases. She showed the absolute necessity of making the defective child happy and his teaching interesting. She felt that the removal of these children to a grade by themselves helped the normal child. She brought out the important point that many cases of supposed mental deficiency were due to physical condition, such as bad ears which hear only certain tones, etc. She mentioned the necessity of the defective child for comradeship and asked the help of physicians in the homes, to use their influence in getting this type of child into the special grade, in order that something might be done for these unfortunates.

Dr. Henry spence opened the discussion, which was continued by Dr. Miner. A vote of thanks was tendered to the speakers.

Dr. H. H. Brinkerhoff, of the impure milk crusade, reported that only three dairies in Jersey City were granted a license and that after May 1st, 1913, there will be no dairies in the city.

Dr. Spence urged the members to get together and lend their aid to the committee on "Know Your City Week."

The fololwing were admitted to membership: Dr. M. E. Flaherty, 268 Summit avenue, Jersey City; Dr. G. H. Muller, 266 Summit avenue, Jersey City; Dr. Abraham Urevitz, 471 Clinton avenue, West Hoboken.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The Clinical Club of Morristown held a meeting at Washington Hall, Morristown, on the evening of May 14, 1912. Dr. John B. Deaver, of Philadelphia, presented an able lecture on "Surgical Disease of the Pancreas." (Dr. Deaver promised to send this paper for publication in the New Jersey Medical Journal.)

The doctor said that more cases of pancreatitis were being diagnosed now than formerly, though many were thought to be cases of gall-bladder disease until the abdomen was opened. The conditions were, however, frequently associated. Other cases of pancreatitis were overlooked because the disease was not considered probable or it might be mistaken for intestinal obstruction or peritonitis. Most cases occur in middle-aged males and included hæmorrhagic, gangrenous and chronic indurative pancreatitis. In acute cases the principle symptoms were intense pain, obstinate vomiting, hiccough, slight swelling and constipation with a slow pulse and a varying temperature. They usually terminated fatally if surgical intervention was not sufficiently prompt. In chronic cases jaundice was a frequent symptom and in two-thirds of the cases a history of gall-bladder disease was obtained. There was also likely to be tenderness and rigidity of the upper abdomen. As in all non-malignant diseases of the abdomen, pancreatitis was generally due to infection, the bacteria reaching the pancreas, either by the systemic circulation or contiguity which were very unlikely, or by ascending the ducts or through the lymphatics. The lymphatics were generally involved in all cases of pancreatitis. Although five per cent. of all cases showed glycosuria, the laboratory findings did not help largely in determining the diagnosis, though Cammidge's reaction was often a corroborative measure. The different methods of operation were referred to free drainage by means of the common ducts as a necessity. Enough cases can be diagnosed now, so that we may deny the impossibility of doing so before the patient reaches the operating table. All cases with jaundice, chills and fever and pain in the region of the pancreas should be carefully considered as possible cases of pancreatitis.

The meeting was largely attended, not only by physicians from Morris County, but by many from Essex and Union and a few from New York. Dreaver was tendered a rising vote of thanks before the discussion, in which Drs. Carpenter, Evans, Brown, Staehlin, Lawrence, Hedges, Glazebrook and others took part.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The regular meeting of the Passaic County Medical Society was held in the Braun Building, on Tuesday, May 14, 1912, at 8:30 P. M.

Dr. Charles Keating was elected to membership in the Passaic County Medical Society.

Dr. William Gutherson read the paper of the evening on "Antibodies," which is herewith sent for publication in the Journal.

On motion, seventeen members of the society were dropped for non-payment of dues. The application of Dr. John J. Halnau for membership in the society was presented and referred to the Board of Censors. A vote of thanks was extended by the society to the former Committee on Public Health and Legislation.

The meeting then adjourned.

The annual meeting of the Passaic Section of the Passaic County Medical Society was held in Smith Academy, on Thursday, May 16th, at 8:30 P. M.

Dr. Abram Machlin was elected president of the section and Dr. Thomas Glasgow was elected clerk. The meeting then adjourned.

Other Medical Organizations.

N. J. Association of Military Surgeons.

The Association of Military Surgeons of the State of New Jersey elected these officers last month: President, Lieutenant-Colonel Henry Allers, Harrison; first vice-president, Lieutenant-Colonel William G. Schauffler, Lakewood; second vice-president, Captain Joel P. Fithian, Camden; secretary, Captain Arthur P. Hasking, Jersey City; treasurer, Major S. H. Baldwin, Newark.

American Academy of Medicine.

Dr. H. H. Goddord, director of research in the Vineland Training School for Backward Children, in an address before the American Academy of Medicine conference on the conservation of children, at Bethlehem, Pa., April 2, said that fifteen thousand public school children of New York City belong in institutions for the feeble-minded, and that to contemplate these figures is to realize the enormity of the danger that threatens society; that to care for these children in institutions means an enormous expense, but to permit them to grow up without care and become paupers and criminals will be a far greater expense. To build institutions to house 15,000 feeble-minded persons would be an enormous expense, but so are jails, prisons, reformatories and almshouses. He said out of every hundred school children three are feeble-minded and two of those have inherited their feeble-mindedness and will transmit it.

On the side of colonization we have two things: First, when these children are taken young and trained in carefully managed institutions they become a happy, contented, law-abiding group of people who under direction can do a good deal of work which tends to lessen their cost of maintenance. We have the strongest possible argument for the segregation of these people, because, if they are thus segregated, in a generation the number of them is reduced at least two-thirds. The state could well afford to issue bonds for the building of institutions to care for these children. These bonds could then be easily paid off in the future after the crime and pauperism have been reduced through the stopping of the production of feeble-minded people.

There has, however, been proposed another solution of this problem of the defective, and that is sterilization. The method that is advocated in these days is vasectomy. It has none of the objections that castration had to meet, it being a simple operation, easily performed, and with no dangerous consequences. To many persons it seems that we might vasectomize people rather freely and then they might be allowed to live out their lives in the community without fear of producing more defectives for society to care for. As usual in such cases, the theory is good but the application is much more difficult. In the first place, no feeble-minded person can be allowed properly to live his life freely in the community. The fact of sterilization would indeed save the problem of offspring, but society could not afford to endure the dangers which would result during the life time of the individual, so that the same argument holds for his being segregated in an institution for the feebel-minded where he can be trained and brought up properly.

Sterilization does come in for some advantages; in the first place, there are many people whose parents will not consent to their going to an institution for feeble-minded. The parents argue that they are able to take care of them and are willing and promise to do so. Society never feels safe as long as these people are where they are free to marry or to become parents even out of wedlock. In such cases it might be very proper to say to the parents: "If you will consent to have the operation of sterilization performed on your child, then you may keep that child with you as long as you like. We might even say if such a person wishes to marry and is of such a temperament and disposition that it is reasonably safe and has property in the family by which he can support a wife, then it might be allowable. Indeed, one can see many ways in which the operation of sterilization, wisely applied to individuals, might come to help simplify this problem.

Furthermore, many of the children who have been sent to the institution and have been trained and brought up to a point of efficiency might, in many cases, leave the institution and become fairly self-supporting outside, were it not for the tremendous danger of transmission of their defect. If these cases could be sterilized while in the institution and then sent out as opportunity offered either to their own families or to others who were willing to look after them and give them a living in return for the work that they could do, then that much of the burden would be lifted from the State and room would be made in the institution for children who need its care. I may sum up the whole theses by saying it is not a question of colonization or sterilization, but colonization and sterilization as the solution of this tremendous problem.

J. H. Van Syckle, superintendent of schools of Springfield, Mass., delivered an address on the care of feeble-minded children by the public schools.

Boys of this class, he said, if left to themselves, being unable to sustain themselves in competitive industry, drift into criminality and come on the state for support in our penal institutions. To prevent the marriage of feeble-minded girls and to shield them from temptations to which they are notoriously easy prey obviously a duty, Prof. Van Syckle said, and this duty the state can perform more effectively and at less expense than the local community. Feeble-minded girls become a menace earlier than feeble-minded boys, but for many years both boys and girls of this class may, with safety to themselves and others, be taught in the public schools, was his assertion. They should, however, be grouped in special classes, where their characteristics may be carefully studied.

Sanitary Association Executive Council.

The Executive Council of the New Jersey Sanitary Association met at the Morristown Inn, Morristown, June 28th, to arrange for the program for the annual meeting at Lakewood, December 6th. Clyde Potts, C. E., chairman of the council, was the host. Luncheon was served at the Inn, and the formal meeting of the committee held, after which the party took auto-

mobiles to inspect the sewage disposal plants at Morristown and Chatham and the water treatment plant of the Jersey City Water Works at the Boonton Reservoir.

Those in the party included Morris R. Sherrerd and Dr. Herbert B. Baldwin, of Newark; Mayor Otto Wittpenn, J. W. Griffin, Dr. G. K. Dickinson and Dr. George E. McLaughlin, Jersey City; Colonel George P. Olcott and Dr. Thomas N. Gray, East Orange; John H. Capstick, Boonton; Dr. Alexander Marcy, Riverton; Dr. A. Clark Hunt and J. Brognard Betts, Trenton; Dr. C. H. Wells and James Owen, Montclair; Dr. N. L. Wilson, Elizabeth; Dr. E. Guion, Atlantic City; Dr. D. C. English, New Brunswick; John B. Duncklee and Dr. T. W. Harvey, Orange; Dr. B. V. D. Hedges, Plainfield; Dr. D. E. English, Summit.

International Congress on Hygiene and Demography.

The Fifteenth International Congress will be held in Washington, D. C., September 23-28, 1912. The Department of State of the United States has assumed the responsibility of the conduct of the congress and made appointments for the purposes of its organization. Dr. Henry P. Wolcott, Boston, Mass., is president, and Dr. John S. Fulton, Baltimore, is secretary-general. Hon Huntington Wilson, Assistant Secretary of State, is chairman of a large committee on organization with an executive council, of which Dr. William H. Welch is chairman. State committees have also been appointed by the Governors and national committees of eminent men have been appointed representing many nations. An extensive program has recently been issued giving a very large number of papers to be read by prominent scientists from nearly every country in the world. Those announced of New Jerseymen are: Dr. Henry L. Coit, Newark, on "The Work of Medical Milk Commissions in the Campaign for the Betterment of Milk Production and Distribution;" Dr. H. H. Goddard, Vineland, on "The Prevention of Feeble-mindedness;" Brigadier-General Alfred A. Woodhull, M. D., Princeton, on "Hygienic Interpretation of Recent Changes in the Field Ration and Their Preparation;" Mr. J. C. Halleck, Newark, on "Sanitation of Street Cars;" Mr. Fred L. Hoffman, Newark, on "Industrial Accidents and Trade Diseases in the United States," also on "The Present Position of Municipal Statistics in the United States."

The active membership fee is $5; associate, $2.50. The latter do not receive the published transactions. All persons interested in hygiene are invited to attend whether members or not. An exhibition on health will be held during the three weeks from September 16th to October 4th, at which the hygienic and demographic work of the United States and its dependencies is to be illustrated.

Nurses' State Board of Examiners.

A State board of examiners of nurses was constituted by an act of the New Jersey Legislature, session of 1912, and approved April 1.

The five members of said board took the oath as required by law, in the office of the Secretary of State, at Trenton, on June 18, after which an official meeting for the organization of the board was held at the State House, where the following officers were elected: President, Miss Marietta B. Squire, Newark, and secretary-treasurer, Miss Frances H. Dennis, Newark.

Rules governing the board were adopted, blank forms prepared and other detail work arranged for. The attention of nurses was called to the fact that certificates will be issued, without examination, to those meeting the requirements, provided application is made within two years from the date of the approval of the act. Those who desire to apply for such State certificates as a registered nurse, may address inquiries to the secretary.

Testimonial Dinner to Doctors.

A testimonial dinner in honor of three of their number, one of whom was unable to be present, was given at the Montclair Golf Club June 18th, by the Associated Physicians of Montclair and vicinity. The honored ones were Dr. Henry B. Whitehorne, of Verona; Dr. William H. White and Dr. Edwin M. Ward, of Bloomfield, all of whom have practised the profession for more than fifty years and served on the medical staff of the Union Army during the Civil War. Dr. Ward was an invalid and could not attend.

The committee of arrangements consisted of Dr. Herbert W. Foster and Dr. J. Corwin Mabey, of Montclair; Dr. Henry Wallace, of Glen Ridge, and Dr. J. W. Krichbaum, of Upper Montclair. The speakers were Rev. Dr. Henry E. Jackson, of Upper Montclair, and Harold M. Anderson, an editorial writer on the New York Sun.

Dr. Krichbaum was toastmaster. The physicians who answered to the toasts were: Dr. F. C. Wells and Dr. W. R. Broughton, of Bloomfield; Dr. Edward E. Peck, of Caldwell; Dr. H. C. Harris and Dr. Wallace, of Glen Ridge; Dr. James Spencer Brown, Dr. Levi W. Halsey, Dr. William H. Areson and Dr. Mabey, of Montclair.

Dr. Whitehorne and Dr. White were each presented with an engrossed set of bound resolutions signed by every one of the forty physicians present. Dr. Whitehorne and Dr. White tried to express their appreciation of the honor done them, but neither could say more than a few words, when, overcome by their feelings, they were compelled to sit down.

(Dr. Ward passed away during the evening of the same day. See death notice.—Editor.)

Dr. J. E. Stubbert Fined.

Dr. James E. Stubbert, arrested at Perth Amboy and indicted for obtaining money from patients under false pretence, giving them gold and silver pills for all ailments, was fined $1,000 and costs of $50 by Judge Peter F. Daly June 14th, and given a week to pay it. He was released in custody of his counsel, Commissioner Andrews, of New York.

A letter from Dr. William E. Ramsay stating that he and other members of the State Medical Society did not want him imprisoned, and the fact that he had paid $500 back to patients he had treated, and had assisted in the prosecution of Dr. Ball, of Paterson, saved him from being imprisoned. Judge Daly gave warning that further cases of this sort would be dealt with more severely.

THE JOURNAL
OF THE
Medical Society of New Jersey

JULY, 1912

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to
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New Brunswick, N. J.

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Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to
William J. Chandler, M. D., South Orange, N. J.

Our Journal is a few days late this month because of delay in getting the Index of Volume VIII. ready earlier, as we wished to send it with this issue according to promise.

Have you paid your County and State Society dues? If not, pay them to your county society treasurer *at once,* please, for it means much to the society's equipment and efficiency and *more to you personally.* Every physician in the State should be enrolled and in good standing in the profession, and be so reported to the American Medical Association.

BE ENROLLED AND BE PRESENT.

President E. H. Bennet, of the Maine Medical Association, said:

I would suggest that every member of the different county societies consider himself a committee of one, whose duty it shall be to bring into his society at least one member during the next year. If this simple and reasonable request be complied with, we will have every eligible man in the State a member of his county society before our next annual meeting. Laying back on our oars and theorizing, will never overcome a single difficulty. Work wins the world's battles. "Labor overcomes all difficulties."

Do not understand me to express the opinion that all has been accomplished when we have secured the enrollment of a practitioner's name on the secretary's books. This is but the initiation; he comes seeking "more light," and it is our duty to see that every opportunity is given him to develop and become a useful member of the society and profession, and his duty to see that these opportunities are grasped and improved. "The man who knows it all and gets nothing from the society, reminds one of that little dried-up miniature of humanity, the prematurely senile infant, whose tabetic marasmus has added old age to infancy. Why should he go to the society and hear Dr. Jones on the gastric relations of neurasthenia when he can get it so much better out of the works of Einhorn or Ewald? He is weary of seeing appendices, and there are no new pelvic viscera for demonstration. It is a waste of time, he says, and he feels better at home, and perhaps that is the best place for a man who has reached this stage of intellectual stagnation."

THE 146TH ANNUAL MEETING.

This year's annual meeting of our State Society, at Spring Lake, met our expectations as to attendance, the general excellence of the addresses and papers presented, the highly scientific and practical character of the Orations in Medicine and Surgery, by Drs. Cabot and Bloodgood, respectively, and the social features of the occasion, in a hotel that did everything possible for our comfort and enjoyment under admirable arrangements by the committee, of which Dr. Schauffler was chairman. The only question open for criticism was that of lack of time for thorough consideration of scientific papers that were worthy of more extended discussion, but this was largely due to the wealth of material presented, as it was the general concensus of opinion that there were about five papers too many on the program.

The business sessions conducted by the House of Delegates were marked by business-like methods, in that reports and other matter presented had been carefully prepared, so as to expedite business and avoid friction and unnecessary encroachment on the time which the scientific work of the general sessions required. We shall here-

after refer to some very important items of business transacted which we believe will add greatly to the State Society's, and also the component societies', advancement and the benefit of our members. The Official Transactions of the society will be incorporated in the September issue of our Journal and we will be able then to refer to such items so that our readers can better understand their importance. The election of Dr. William J. Chandler as third vice-president was a just recognition not only of worth, but also of his long, arduous and most faithful services as the society's recording secretary, for fifteen years, and in the selection of Dr. T. N. Gray we feel assured that a worthy successor to Dr. Chandler has been secured as our secretary.

President Strock's address, which appears on pages 55 *et seq.*, was excellent, as was also that of Dr. Gray, the third vice-president, pages 61 *et seq.* The president's suggestions—of changes in our methods of electing officers and extending the society's influence and power for its own and the public's good—are worthy of careful consideration by the members of our component societies. There are some excellent reasons for their adoption; whether there are any valid objections to the proposal to elect the president and all three vice-presidents every year as he suggests will appear on fuller consideration. It was wise to postpone action thereon until next year in order that such a radical change in a custom that has prevailed for a century might receive the deliberate consideration its importance seems to require. The suggestion of the appointment of a Publicity Committee we believe is a wise one, tending to increase the profession's influence in directions where it should be exerted for the public good. We defer further comment on this address and on other papers bearing upon the profession's needs and the public's needs as the latter are related to the needs and rights of the profession, especially on Dr. Wescott's excellent paper on "Opportunities" which will appear in our September Journal.

The following figures give the attendance, as compiled by the Committee on Credentials, Dr. Harry A. Stout, chairman: Officers, 7; Fellows, 13; honorary members, 1; permanent delegates, 95; annual delegates, 51; associate delegates, 106; guests, 174; exhibitors, 13; total, 460. We believe this shows one of the most largely attended, as well as one of the best, meetings the society has held for many years; we note also with great pleasure that there were more of our members' wives and daughters present than usual.

The meeting of the Association of Medical Secretaries and Treasurers around a specially arranged breakfast table at the New Monmouth on Wednesday morning during the annual meeting of the State Society, was very successful and exceedingly interesting, with Dr. O. H. Sproul, of Flemington, presiding. Some features of society work connected with these offices were considered, all present taking part. We hope to have a report from the secretary for the next issue of our Journal. Dr. James Douglas was elected as the association's president for the comng year.

STATE PEDIATRIC SOCIETY.

The annual meeting of the New Jersey Pediatric Society was held in the New Monmouth Hotel, Spring Lake, on the afternoon and evening of June 15th, and was well attended. It was the editor's privilege and pleasure to attend the afternoon session and listen to the excellent papers presented which were concise and practical—what we specially noted—were fully discussed. The prolonged meeting of the Board of Trustees of our State Medical Society, the same evening, prevented our attending the evening session, but we learned that the address of President H. L. Coit and the papers presented were of exceptional interest. This society is doing most excellent work and we believe there is no more important department of professional study and practice than that which seeks to conserve the lives and health of infants and young children.

TWO IMPORTANT CONGRESSES.

We call special attention at this time to two most important gatherings of world-

wide interest that are to occur in September. The Third Clinical Congress of Surgeons of North America, which meets in New York City, September 15, 1912, and the Fifteenth International Congress on Hygiene and Demography, which meets in Washington, D. C., September 23-28, 1912. In connection with this latter congress there will be an exhibition of American work in hygiene and demography. A fuller account of this congress will be found on another page. In our next issue we will give further notice of the Clinical Congress of Surgeons. We can only add at this time that it will be a great treat to every medical man—and especially every surgeon—who attends its scientific sessions and its clinics.

STATE SECRETARIES AND EDITORS

The sixth annual meeting of the Association of State Secretaries and Editors, at the Marlborough-Blenheim, Atlantic City, June 3d, was one of deep interest and the outcome of its deliberations and practical suggestions is calculated to increase the efficiency of our State and County associations. In the absence of President Black, Dr. C. S. Sheldon, of Madison, Wis., occupied the chair. The annual dinner was all that could be desired and the papers were able and practical. They were by Dr. Thomas McDavitt, of St. Paul, Minn., on "Uniform Regulation of Membership; Dr. Holman Taylor, of Fort Worth, Texas, on "Transfer from the County Societies of One State to Another Without Cost;" and Dr. A. T. McCormack, of Bowling Green, Kentucky, on "Is Legal Defense Against Malpractice by State Organizations a Success?"

One of the unexpected features of the meeting, and one greatly appreciated and enjoyed, was the presence and speeches of Drs. J. N. McCormack, G. H. Simmons, President J. B. Murphy, President-elect A. Jacobi, of the A. M. A., and the three ex-presidents, Drs. Gorgas, Reed and Welch.

AMERICAN MEDICAL EDITORS' ASSOCIATION.

This association also held its annual meeting in the Marlborough-Blenheim Hotel, June 1 and 3. In the absence of the president, Dr. T. L. Stedman, of the *Medical Record,* occupied the chair. The meeting was well attended and the papers were, in the main, able and practical; possibly there were too many for the brief time of the sessions. The association resolved to establish a quarterly journal and the annual dues were increased to three dollars. It was the editor's privilege and pleasure to attend the closing session. His only regret was that there was a seeming tendency to continue an unkindly spirit toward the official State Journals, because they did not join with the so-called independent journals in the latters' controversy with the A. M. A. management.

We may differ at times with the position or spirit of the *A. M. A. Journal,* but we believe it is the greatest and best medical journal in the world and that it is using its great power and influence in the endeavor to build up the profession and advance the scientific and also the financial interests of its members. We must insist that the State journals are in no way responsible for the controversy referred to. We believe that they are really the *independent* journals—certainly in the sense that they are not dependent upon the proprietary medicine and nostrum manufacturers for their financial support or existence. The State societies—the profession itself—bears a large part of the expenses incurred in their publication and maintenance and not those whose business is largely antagonistic to the medical profession.

In examining one of the best privately owned journals recently, we found 32 pages of advertisement in front and 32 pages at the end, with only 32 pages of reading matter between. The State Journals do not have the income which such journals receive. They are not issued for the sake of an income, especially if unethical advertisements must be taken to secure it. This Journal has the kindliest of feelings toward the privately owned medical journals, but it must continue to be, as it has in the past endeavored to be, *loyal to the Medical Profession.*

The editor greatly enjoyed visiting the Burlington County Society at their meeting in Moorestown last month, and was impressed with the business-like methods of the society, the large attendance, 40 being present, and the fact that three new members were added. They were disappointed in the failure of Dr. Weisenberg, of Philadelphia, to attend because of severe illness, as he was to have given his moving picture exhibition of nervous diseases, but an interesting discussion was substituted on some obstetric cases, several of which were cited as having occurred in the practice of those reporting them. An excellent dinner was served at the Moorestown Hotel. We thank the society for courtesies extended and Dr. Tracy for favors, including a delightful auto ride.

The two orations delivered at our annual meeting by Drs. Bloodgood and Cabot will appear in our September Journal. We have been prevented from inserting two original articles by failure of authors to return proof in time. We make earnest request that all proof and also all the stenographer's reports of discussions at the annual meeting sent for correction shall be returned to the editor, New Brunswick, N. J., as soon as possible.

What a Medical Society Means to a Physician.

It means, first, a constant post-graduate course of study. Where physicians, both old and young, meet on an equality, discuss cases from every angle, advance new ideas and review the older ones. Where theory and practice are put to the test and worked out to successful conclusions. Where cases of doubtful diagnosis can be discussed and experiences related along lines of mutuality. Where almost forgotten techings are brought to mind, and their importance realized. Where a flagging ambition is stimulated and new courage instilled. Where friends and goodfellowship are renewed and relaxation enjoyed. Withal it means keeping abreast of the profession and not in the rear rank. Can you afford to do without it?—Kansas Medical Society Journal.

Lawyer—"Now, sir, from what you know of his reputation for truth and veracity in the community in which he lives, would you believe him under oath?"

Witness—"Yes, sir, as a general thing. Of course, if it was absolutely necessary for him to swear to a lie, I reckon he'd do it, mister, same as you would."—Chicago Tribune.

THE WORK OF THE CANCER COMMISSION OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

By Jonathan M. Wainwright, M. D., Chairman of the Commission.

A short time ago a member of the Cancer Commission of the State of Pennsylvania read an article on "The Reduction of Cancer Mortality" before the Tri-County Medical Society at Washington, N. J. Mention was made at that time of the work being done by the Cancer Commission of the State of Pennsylvania and it was suggested that a history of the formation and progress of this commission would be of interest to the medical profession in New Jersey. The Pennsylvania Commission is very glad to give such an account herewith, hoping that perhaps its neighbor, New Jersey, may feel like taking up similar work.

The Pennsylvania Commission was appointed at the annual meeting of the State Medical Society in 1909 as the result of a number of papers on cancer which were read at that time. These papers showed that at present the results of surgery in cancer were very far from what they might be. The cause, of course, was well known before, namely, that for one reason or another cancer patients, in the majority of cases, do not come to operation until the favorable time is past. The cause of the delay lies in two sources. First, ignorance on the part of the general public as to what the early signs of cancer are, and second, a considerable apathy on the part of the general medical profession, so that many cases of early cancer are not brought to radical treatment until the later stages have been reached.

In order to determine as nearly as possible the average condition of cancer patients at the time they apply for operation, the Commission first obtained reports from surgeons in different parts of the State, giving the data of cancer cases at the time they came to these surgeons for operation. In all, statistics were collected on four hundred cases and the results when tabulated were somewhat startling. In the first place, these figures showed that in superficial cancers the patient had noticed the first sign of the disease on an average of one year and two months before coming to operation. In the deep-seated cancers, the patient noticed the first symptoms one year and six months before coming to operation. It is evident that in most cases at least, the patient suffered from these symptoms of cancerous disease for fourteen and eighteen months, respectively, solely on account of ignorance of what these symptoms meant. There is no doubt that a large number of these patients would have applied for operation immediately if they had not been entirely ignorant of the serious nature of their disease. This ignorance on the part of the general public is one thing that the Commission is trying to combat in ways noted below.

The tables also show that in about one-half of all cancer cases, superficial and deep alike, there has been some form of chronic irritation or precancerous condition, such as ulcers, uterine tears, etc. So that one-half of the cases applying to Pennsylvania surgeons need not have ever had a cancer if they had known what was

the significance of this pre-cancerous condition and had it remedied before a cancer developed. The Cancer Commission's figures also indicate very clearly the present attitude of the medical profession concerning cancer. In the superficial cancers the patient's physician had known of the condition present for an average of one year before the patient came to operation, and in deep-seated cancers the patient's physician had known of the condition for an average of thirteen months.

Furthermore, the apathy of the general profession was shown in another tabulation of the Pennsylvania Commission's reports. For instance, in the breast cancer cases, the Physician first applied to did not make any local examination at all in three per cent. of cases. What is worse, the Pennsylvania reports show that in thirteen per cent. of breast cases the physician first applied to gave maladvice. By maladvice it is meant that the physician told the patient that it (the cancer) "would not amount to anything," or that it would be best to wait to see what developed, or he applied some form of ointment or other treatment as a placebo which the patient thought was to be curative.

In some of the other regions in the body the lack of interest on the part of the physician was more apperent still. In the stomach, no local examination was made in nine per cent. of cases, and some form of maladvice was given in twenty per cent. In cancers of the uterus no local examination was made in ten per cent., and maladvice given in fifteen per cent. In cancers of the ovary there was no local examination in fourteen per cent., and maladvice in fourteen per cent.

It is evident, therefore, that another important part of the work of the Cancer Commission was to stimulate the interest of the medical profession concerning cancer, and to try to arouse the interest of physicians so that when a patient first applies with the signs of an early cancer the proper treatment will be insisted upon at once. The goal at which the Commission aims is to interest the profession so that there will never be any delay after the cases come into the physicians' hands instead of there being a delay of over a year, as is usual at the present time.

The Commission has felt that the best way to reach physicians is through county societies. Therefore, they have requested county societies to devote at least one meeting each year to the cancer question. This is being done by county societies all over the State, and in many cases the Commission sees to it that some prominent surgeon from a larger city addresses these meetings in the smaller counties. In this way the "County Cancer Meetings" are made especially interesting.

Besides the county meetings the Commission arranges to have some attention given to cancer at every annual State Society meeting. At all these medical meetings, whether State or county, the most attention is, of course, paid to the necessity of early diagnosis and immediate treatment. In addition to these meetings a number of cancer papers are printed each year in the State Journal, and in addition six or seven thousand reprints are distributed each year to physicians.

The question of educating the public is a somewhat more complicated one. It is at times difficult to tell the laity what they should know without unduly alarming them and the danger of a little knowledge must always be kept in mind. However, with a little care these difficulties can easily be met and information can be spread among all classes of people which should result in saving many lives. Owing to the influence of the Cancer Commission, several county societies have held cancer meetings which were open to and well attended by the general public. At other times the Commission has provided a physician to speak on cancer before various clubs, etc. Several times requests for such addresses have come from the clubs themselves.

In addition to public meetings of one kind or another the Commission has brought the same information to the general public through the lay press. At each cancer meeting of a county society a special effort is made to have a notice of the meeting published in the local paper with an abstract of the articles read, adapted, of course, for the lay press, and on many occasions headlines such as "The County Medical Society to Fight Cancer" have appeared, and when followed by a sensible notice have undoubtedly done much good.

Besides notices of this kind, the Commission itself prepared in 1909 a half-page newspaper article on cancer, which was prinmted simultaneously in the Sunday issue of the Philadelphia North American, the Pittsburg Post and the Scranton Tribune-Republican. A great number of people were reached by these papers printed in the three largest cities in the State.

In 1911 the Commission prepared a series of shorter cancer articles telling the people "What They Should Know Concerning Cancer in Different Organs." These articles were printed on the same Monday of each successive week by a number of papers, the largest of which was again the Philadelphia North American.

In these newspaper articles to the lay people emphasis was first of all laid upon the fact that cancer is at first always a purely local disease and confined to a comparatively small number of cells and is always in this stage permanently curable by complete removal. Next emphasis was given to the fact that cancer nearly always indicates its presence by definite signs when it is in this first local curable stage. People are taught what these early signs are and that if they act upon them at once they can, in all probability, be completely cured of their trouble. They are impressed with the fact that the danger in cancer comes only from delay and that if they wait for any considerable period after they have first noticed the early symptoms the disease may spread until cure is impossible. The danger of delay is the keynote of public instruction.

The following taken from a very valuable and interesting popular book on cancer by Childe, England, are examples of what is meant by danger signals:

1. Cancer of the Breast. Here the danger signal is any small lump or thickening of any kind. Women are told that if they notice such a condition they must apply to a competent physician and have its nature determined and that they must submit to an immediate removal if it is cancer.

2. Cancer of the Uterus. The danger signal here is any irregular bleeding, especially after the menopause, or the onset of a discharge in a woman who has been free from it previously, or the change in character of a previously present

discharge so that it becomes more profuse, more foul or more irritating.

3. Cancer of the Lip, Mouth and Tongue. The danger signal here is a little wart or sore that will not heal.

4. Cancer of the Skin. The danger signal here is any sore that will not promptly heal, or any wart or mole which suddenly begins to grow rapidly.

5. Cancer of the Stomach and Intestines. Here the danger signals are not so apparent as on the surface of the body. After forty years of age the onset of obstinate indigestion, persistently colicy pains in the abdomen, persistent diarrhea and especially vomiting of blood or the passage of blood in the stools are the danger signals and their real cause must be determined at once.

The Pennsylvania Commission believes that cancer mortality will diminish in exact proportion to the general education of the people along the lines indicated above. It is true that many cases never go to the physician at all until the incurable stage has been reached. As Moynihan, of England, says, people neglect the signs pointing to the necessity of immediate intervention and apply for help only on the appearance of the signs of impending death. As Childe says, people will run to a dentist with a toothache much more quickly than they will run to a physician on account of symptoms pointing to a malady which, if neglected, will prove fatal. Emphasis also must be laid upon the fact that pain and impairment of the general health are symptoms of the later stage only. Many a woman says, "I thought my trouble could not be cancer, because I felt perfectly well and did not have any pain."

Carnegie Foundation Bulletin No. 6.

(The Carnegie Foundation for the Advancement of Teaching has recently issued Bulletin No. 6. It is a very valuable publication of 357 pages. Its fifteen chapters deal with the following subjects: "Historical; The Number and Distribution of Physicians; The Basis of Medical Education; The Preliminary Sciences—Physics, Chemistry and Biology; The Medical Sciences—Germany; The Medical Sciences—Great Britain and France; Clinical Instruction—Germany; Clinical Instruction—Great Britain; Clinical Instruction—France; Curriculum and Examinations—Germany; Curriculum and Examinations—Great Britain and France; The Financial Aspects of Medical Education; Sects and Quacks; Post-graduate Education; Medical Education of Women. Chapter XIII. is on Sects and Quacks. We can at present give only the following extracts from that one chapter. We may hereafter refer to other chapters.—Editor.)

"Sectarian medicine is all but unknown in Europe, and this, although the laws nowhere place the least obstacle in the way of its practice. The State neither favors nor discriminates against any particular school of medicine; a qualified physician may call himself what he chooses. It makes a single and uniform stipulation: Every legally qualified physician must comply with the same educational conditions. He must meet the requirements in respect to preliminary general education; he must pass the usual professional examinations in the basic and medical sciences and in the clinical branches. That done, he may freely elect the object of his professional allegiance. Significantly enough, only a negligible fraction prefers a sectarian badge. The incentives to medical sectarianism appear to vanish if the sectary enjoys no special prerogative.

The homeopath is the only sectarian found at all in Great Britain or on the Continent. As he is not only prescriber, but also dispenser of medicine, he is in Germany, required, after qualifying, to pass an examination in dispensing. The commission having this examination in charge is composed of a botanist, a chemist, a pharmacologist and a practising homeopathist, and sits in Berlin. At present, out of a total of 30,588 physicians in the empire, 211 physicians designate themselves as homeopaths. During the last twenty years, the annual average of those passing the special examination above named has been a little below 7; from 1904 to 1910, inclusive, the totals have been 3, 6, 3, 6, 6, 5, 4, respectively. Obviously homeopathy is a negligible and disappearing quantity in Germany.

The sect fares no better in England, where not even the additional precaution as to dispensing is taken. Any qualified physician may, without further ado, announce himself as homeopath. According to the Homeopathic Directory of 1907, 193 registered physicians in Great Britain and Ireland have chosen to do so, 55 of these being located in London; assuredly an insignificant fraction of a practising profession that in the same territory numbers 31,154. Nowhere in Europe do special educational institutions of sectarian character exist. On the Continent, indeed, there are no educational provisions whatsoever. In London, two brief lecture courses—one on homeopathic materia medica, the other on homeopathic therapeutics—are annually given at the London Homeopathic Hospital, an establishment of 170 beds in Great Ormond street. Outside the metropolis, the hospitals of the sect are pathetically meagre: the Hahnemann Hospital, Liverpool, described as a "general hospital for medical and surgical cases, with special departments for Diseases of Women, Children, Eye, Ear, Nose, Throat and Skin," possesses a total of 50 beds; a Birmingham institution, similarly pretentious, has 38; another in Kent has 18; one at Tunbridge Wells, 20; one at St. Leonards-on-Sea, 18. "Smaller hospitals" are said to exist at Bristol, Eastbourne and Leicester.

* * * The outlook for sectarian medicine in Europe is entirely and properly hopeless.

Meanwhile, everywhere the medical charlatan thrives. He has complied with the law, and is, therefore, a legally qualified practitioner. Occasionally he is doubtless the honest victim of his own unbalanced judgment. Having, as he supposes, successfully relieved what he had adjudged to be cases of Bright's disease, gallstone, appendicitis, pleurisy and headache, by cold baths, electrical applications, or what not, in his incautious enthusiasm he insists that "but one thing is needful." But the misguided fanatic answering this description is less common and less formidable than the clever and insincere charlatan who is too lightly led by the prospect of gain to trade on credulity and despair. * * * The very candor of scientific medicine gives him his chance, for just where the scientific physician admits his inadequacy, the charlatan is most positive. * * *

Quackery in Germany has reached unparalleled dimensions. It has become a serious factor in reducing the possible income of the legiti-

mate physician and surgeon; it cloaks immorality and vice. Both the public and the profession have suffered greviously. Medical practitioners struggling for economic rehabilitation, and social reformers eager to improve moral and hygienic conditions, are now united in an effort to place more intelligent legislation on the statute books."

The Bulletin then gives account of quackery existing in other countries, practically to about the same extent as in Germany, except in France, which has a better law than either Germany or Great Britain, practice being limited to those holding the university degree, any other individual habitually or continuously undertaking to treat disease being liable in the first instance to fine and for repetition of the offense to imprisonment. The lack of stringent enforcement of the law is, however, referred to.

Life Insurance and Total Abstinence.

From the London Letter in the A. M. A. Jour.

The report of the Scepter Life Association contains an instructive comparison between the mortality of its abstaining and non-abstaining policyholders. In 1911, in the general section, the mortality was 77.78 per cent. of the expected; that is, there were 105 out of 135 expected deaths. In the temperance section the mortality was only 51.11 per cent. of the expected deaths, or sixty-nine out of 135. For the last twenty-eight years the percentage of actual to expected deaths has been in the general section, 79.7; in the temperance section, 52.45. It is to be noted that both classes of policyholders are of the same social status, engaged in the same occupations and have both passed the same medical examination. It is possible that some of the non-abstainers may shorten their lives by giving way to drink, but they can only be a small proportion. The examining physicians are alert and would not pass any one of intemperate habits. Moreover, the proposer must make a declaration of sobriety. The conclusion is, therefore, drawn that total abstinence tends to longevity. As usual, in such reports, no attempt is made to exclude an important source of fallacy. Persons who adopt total abstinence are more careful in all their ways of life than the average citizen. They are more thrifty, pay more attention to hygiene, etc. These factors must play some part in their longevity, yet to abstain from alcohol is given all the credit.

The Family Physician.

"To give what none can measure, none can weigh,
Simply to go where duty points the way:
. . . . . .
Faith, honor, duty—duty calmly done,
That shouts no self-praise o'er a victory won."
—The Physician, by S. Weir Mitchell, M. D.

The inspiring voice of the family physician is not listened to as formerly, in this our day of so-called advanced knowledge. Despite this lamentable fact, the story of his life and doings will never become wholly without interest, or fail to arouse a passing thrill, in even the most supreme egotist. To the good and kind ones of the world, they will never be either stale or unprofitable.

They breathe so much of all that is lovable and endearing; of all that is unselfish and true; of all that goes above and leaves "the earth earthy" behind and below, that inspired by them even the crooked walk straight for a little while.

Would the devoted family physician consent to division of fees, to making exorbitant charges, to being in any way false to his great trust, the health and happiness of his patients—for lucre? Not he. His soul soars higher. He represents to men everything that clears life of dross and rears it skyward. When and where shall we return to him and to his ideals? So soon as our profession embarks again upon the fair sea of upright, broadminded purpose. Never before.

To-day among us, happily, we have one who stands erect, despite his years, and for what is of highest repute—as physician, citizen, patriot.

I fail to note upon whose shoulders the honored mantle shall surely fall. I hope and pray; but greed, vaulting ambition, get the better of many. The microcephalic are as sheep who follow a leader, often alas, into the quagmire or slimy bog.

"I dare do all that may become a man;
Who dares do more is none."
—Beverley Robinson, M. D., in Critic and Guide.

Specialism in Medicine.

Many a man has so centred his study, his thought, his practice and his interest in one organ as practically to forget that this is only one of many organs in the body, more or less interdependent and each demanding consideration. The result in technical knowledge of the different organs as derived from specialism has been great, but the natural effect on the special worker is narrowing. Unless the specialist is careful he becomes nothing but a tool in the hands of the general medical adviser, whose vision is broad enough to study the human body as a whole, and to select from the collection of tools at his command the proper one for the cure of his patient.—E. B. Cragin, in Medical Record.

Suggestion in Hopeless Disease.

Through fostering and strengthening that power (to master disordered feelings) in his patients who are hoplessly sick, the physician can best demonstrate his powers for good. As Billroth said in a speech delivered in 1891, "The patient comes to the physician for advice, consolation and hope; if you give him nothing of this, you may be an excellent diagnostician and prognosticator, but you are no doctor."—Jacoby in "Suggestion and Psychotherapy."

The General Practitioner.

Dr. A. Jacobi, in the British Med. and Surg. Jour., March 21st, states that, while one should continue to admire the specialist, one should learn to revere the general practitioner. In twenty-five years the latter will recover the place of honor which was his fifty years ago. Alongside of his other work he will help to build characters and souls. He will then be a doctor that will not mount on a bank, as was customary for mountebanks in dark centuries;

but he will again be the general adviser, having learned from the laboratory men and the specialists who are the modern handmaids of practical medicine; knowing the history of his trusting friends and taking an interest in their wholeness and wholesomeness—the chum of the old people, the intimate of confiding girlhood, and the uncle and oracle of the children.

Helpful Moving Pictures.

The New York Department of Health in conjunction with the Committee on the Prevention of Tuberculosis gave the first open-air moving picture show of the season in Mount Morris Park last month. During the summer the pictures will be exhibited in many of the parks throughout the city. The films are largely designed to illustrate methods of combating tuberculosis.

Floating Kidney.

Abbot-Anderson, in The Practitioner, May, 1912, urges the careful examination for floating kidney in neurotic women in whom some other etiology of their condition has not been made out, and contends that it can often be found and relieved, together with the symptoms. The chief cause in the production of floating kidney is pressure from corsets. This may be termed vis a tergo, while vis a fronte is the absence of fat about the kidney. The writer has never found a cast of floating kidney in a male.

Editorials from Medical Journals

Sex Hygiene.

From the Journal of the Missouri State Medical Association, November, 1911.

The question of sex hygiene possesses proportions that are formidable. It has always possessed them and will continue to menace for a long time to come. It is one of the mysterious marvels of the ages that the question of the sex functions of the personality should be taboo; that it should be a question at all where a duty so universal is involved. But the traditions of the problem are hoary and eternally prohibitive. In one age it awes because it is held sacred, in another it forbids contemplation because it has become unholy; but always the eyes fall before it and the cheek protests.

As a concomitant condition each generation shoulders its tale of disease and corruption—positive sorrow that tears cannot comfort. The curse is as broad and its jurisdiction as comprehensive as Ernulphus' anathema; it knows respect for no man, no woman, no child. Where there is an exemption it is in spite of things and on account of nothing. Gross ignorance of the sex-truth pervades all circles and the highways are full of charlatans who feed and fatten maggot-like on the body of this death.

What is to be done? The home, the institution where an inhabitant of Mars might perhaps imagine the remedy to rest, has proved inadequate. (If the remedy rests here it rests indeed, unawaking!) Parents are frailer than their children in approaching this subject; they are also as ignorant. Elsewhere must the propaganda be initiated. The church partakes too largely of the zeitgeist to be entrusted with the treasure. The numerous booklets concocted by self-styled purists endeavoring to solve the question are devoid of sense or strength and have no health in them; they inspire laughter and derision. If there remains a remedy it is far from hereabouts. Society, enriched through long culture in absurdities, is such that the vital matter is presented for consideration never at all, save under the convenient ribaldries of vaudeville where its appearance is hailed with satyric exultation as humor aborted and broached as a kind of mental dissipation.

The approach to a solution of this problem must be made indirectly. Under cover of some defense that human ingenuity is forced to conjure up, must we steal on this menace and grasp it strongly before it is aware; and one thing offers itself. Through the instrumentality of the school-room shrouded in the calm habiliments of biology we may be enabled to draw near to this hydra and with stern face, all laughter driven therefrom—for laughter would be fatal as revealing the conscious foolishness of our bravado—we may perchance conquer an ignorance which has cost the world worse than seven plagues.

In Education for September is a sane paper by H. E. Walter on this crucial question in which he preaches the biology plan of salvation through the high schools. This soteriology possesses at least the merit of not having been conclusively anywhere and its success is a chance worth playing for.

In this instance, however, the biologist must be a physician also, for the mere biologic pedagogue will not serve, since the instructor in this course must also know enough of the practical medical aspects of the question to be able to shed light on the real menace of venereal ignorance. With biology as the background on which the calcium light of scientific instruction can play, the whole subject will cease to be arcane and become a commonplace and as simple as the rest of the curriculum.

The question will be long in solution; perhaps its ultimate reduction from mystery to common sense will never be achieved, but it challenges our effort and calls in thunder tones for a sure therapy.

Division of Fees.

From the Critic and Guide, January, 1912.

We gladly give space in this issue to Dr. L. Jacobi's contribution on the division of fees, for we like to hear the other side, particularly when that side is presented by a man of Dr. L. Jacobi's unquestioned high-mindedness and intelligence. But we have no hesitation in stating that we are unequivocally opposed to any fee division. The principle is a bad one and cannot be condemned too severely. Say what you will, there is such a thing as unconscious bias, and from its influence men of great integrity and strength of character can remain free with but the greatest difficulty.

We agree that the claim, that on account of the division of fees, the patient has to pay a higher price for the operation or consultation, is a false one. It is not based on facts. The opposite is often true. That is, a "non-dividing" surgeon often and generally charges higher

fees than the dividing one. A, who does not divide his fee, charges $1,000 for an operation, while B, who gives 50 per cent. commission to the general practitioner, charges only $500 for the same operation, being thus satisfied with $250 fee where A demands $1,000. We repeat, therefore, we do not believe that on account of the surgeon's dividing his fee with the family physician, the patient has to pay any more than he has to pay otherwise. But this is not our chief point. Our chief objection is that under a system of fee-division the doctor will deliberately or subconsciously send his patient to the surgeon who gives the biggest commission. It is not necessary to believe that a doctor would send his patient to a surgeon who is utterly incompetent. We will also grant that in the case of a very serious operation, where it is a matter of the patient's life and death, the doctor will advise the best surgeon in his opinion, regardless of whether the latter gives or does not give commission. But speaking of ordinary operations and assuming that surgeon C is 75 per cent. good, but is opposed to fee division, and surgeon D is only 50 per cent. good, but pays a high commission, can there be any doubt that the doctor will send his patient to D instead of to C? And this is certainly bad, for the patient has a right to the very best. When it comes to surgery, or to any specialty, "fairly good" is very bad. "Lead us not into temptation" is based on a great psychological verity. We do not go into any spasms of virtue and assume no sanctimonious attitude when discussing this question, because we understand the underlying causes of this evil, and tout comprendre, c'est tout pardonner. To understand all is to forgive all. (We blame nobody, therefore have nothing to forgive). But because we understand the real causes of an evil, does not mean that we must not fight that evil. Quackery in all its forms has very well defined causes; that does not mean that we are not to fight it with all our might.

Of course the best way to fight an evil is to remove its causes. Punitive measures have been applied by mankind for many thousands of years and have proved a failure. You cannot make people good by threats: you can only make them more secretive, more cunning, more hypocritical. The real cause of the evil is the underpaid condition of the general practitioner and the great, we might say, ridiculous disproportion between his remuneration and the fee the surgeon gets. To take a common everyday case that a physician brought to our notice to-day. He paid 9 visits to a woman, for which he was paid a dollar a visit. He decided an operation was necessary. The surgeon got $200 all in a lump. He, the doctor, made 15 visits after the operation, for which, as they required changes of dressing, etc., he charged two dollars each. Total, $30. But six months have passed, and he hasn't got his money yet. For the surgeon's fee and other incidentals exhausted the family's resources, and when he will get his money, if at all, Allah only knows. So he made 24 visits for $9. Such cases are of very common occurrence. It does not seem fair to the general practitioner.

Of course for surgeons and consultants who make between twenty-five and a hundred thousand dollars a year, it is easy to assume an attitude of virtuous indignation. They have forgotten the time when they had difficulty in paying their month's rent. But it is good to be able to put yourself once in a while in somebody else's position.

In conclusion: Let us criticise and attack the division of fees as a business likely to prove injurious to the patient, and demoralizing to the medical profession. But let us not in our virtuous indignation overstep the mark and stigmatize those who engage in the practice as irredeemable criminals. For that they are not. They may be, but not necessarily so.

Editorials from the Lay Press.

Electricity in Medical Treatment.

From the Newark Evening News, Jan. 11, 1912.

Electricity was formerly the mystic remedy of the quack, but since electrical apparatus has become so essential for X-ray work, more serious attention has been given by regular physicians to the physiological effects of this powerful agent. Among the notable results has been an electrical method of arresting the degeneration of the arteries so common in premature old age.

A new announcement is that of Dr. Labordie, a French medical man, who gives details of a method of treating sciatica by ionization with sodium hyposulphite and shows what appears to be an effective cure for a painful disease. The effects are attributed in this treatment to sulphur oxide from electrolytic decomposition instead of the direct action of the electric current itself.

A thick layer of absorbent tissue saturated with a five per cent. solution of the sodium hyposulphite was covered over a piece of tin as the negative electrode, which was placed on the rear of the thigh over the sciatic nerve.

The positive pole, wet with water, was put in contact with the calf of the leg. The patient had been unable to use his legs for ten months, but after ten sittings of forty minutes each he could walk a mile, and recovery seems to have been complete.

Fighting Tuberculosis.

From the N. Y. Tribune, May 20th.

There can be no further doubt of a certain good result of the widespread campaign against tubercular diseases. Statistics gleaned from the federal census reports show that in the registration area of the United States during the last decennial period there was a decrease in the death rate from such diseases of 18.7 per cent. The yearly average of deaths from tuberculosis decreased in number from 1,960 in each million of the population to 1,603 in each million. At the same time the general death rate from all diseases and causes declined only 9.7 per cent., or from 16,550 to 14,950 in each million. That means that the mortality from tuberculosis has been reduced at almost twice as great a ratio as that from all causes, and that at the present time about 27,000 lives are being saved each year which ten years ago would have been lost to the "white plague."

To what extent that saving will be further extended, hastening the complete extinction of tubercular diseases, is an interesting matter of speculation. It is scarcely possible that the 18.7 per cent. already gained represents merely the margin of preventable deaths, or of curable

cases, and that now practically all has been done in that direction which can be done. That, it is true, has been the experience with some other diseases. It is not to be believed that is so with tuberculosis, however, for a number of reasons. There is nothing in the general character of the cures which have been effected to suggest that they are thus limited or that the number of them could not be greatly increased.

On the contrary, the conviction is growing among the most judicious observers that what has been done gives the strongest assurance of the possibility of doing very much more. It is also to be noted that as yet the field of effort is limited. Only a small part of the population has been reached, and only a small minority of those suffering from tuberculosis have been subjected to treatment. The extension of present methods to the whole field of need would enormously increase the good results. There is also good reason for expecting that methods of treatment will become more efficacious.

There is thus ample encouragement in these statistics and in attention circumstances for the persistent and energetic prosecution of the campaign. So far as the official part of the work is concerned, a noteworthy example has just been set in the State of New Jersey, where a law has been enacted requiring the establishment and maintenance of a hospital or sanatorium for tuberculous patients in every county, in addition to the large State sanatorium which has been in highly successful operation for some years. These institutions must be built, equipped and managed under the supervision of expert State authorities, thus insuring a satisfactory standard of efficiency. The prevalence of tuberculosis and the proved possibility of greatly lessening its ravages suggest the economic as well as the humanitarian desirability of adopting some system of comparable thoroughness in every State. The next ten years may thus be made to show a far greater abatement of the scourge than the ten successful years just past.

Smoke Suppression Pays.

From the Newark Evening News, April 10.

The end of the factory smoke nuisance generally may be anticipated just as soon as the smokemakers can be convinced that it will pay them in dollars and cents to stop throwing money up the smokestack. Nearly all of the forces now fighting against smoke are doing their utmost to prove that the movement is an economic one, and they are succeeding, in part, at least.

The American Smelting and Refining Company, which owns the big Guggenheim plant at Perth Amboy, has discovered that it has been losing money for fifteen years through the smoke nuisance it has created. So it has installed a process whereby the smoke is to be consumed before it reaches the tall chimneys, and at the same time the sulphur is to be extracted in quantities sufficient to more than pay the expense of the installation and operation of the system.

It is to be remembered, however, that the economic side of the question is by no means confined to the matter of profit and loss of the smokemakers. Dense smoke is a heavy liability to any community that tolerates the nuisance. Smoke damages private property. The extent of this damage ought to be taken into consideration in dealing with the problem, for it has an important bearing on the question whether suppression is a paying investment. The doing away with the sulphuric acid fumes that blasted all vegetation for a wide area of territory surrounding the Perth Amboy plant, both in New Jersey and on Stalen Island, will mean much, financially, to the owners of the affected property, who have all along been as much entitled to consideration as the Guggenheims.

Nevertheless, the action taken by this smelting company will tend to encourage other concerns guilty of creating offensive smoke conditions to investigate the possibilities of their being able to save money similarly, and thus the movement for smoke suppression will be advanced more rapidly than if it was left entirely in the hands of public officials.

Medico-Legal Items.

Degree of Care Required by and Liability of Hospital Physicians.

In an action by a hospital patient for personal injuries alleged to have been caused by hospital physicians in treating a knee joint and thigh bone injured by a fall from a tree, there being no contract between the plaintiff and the defendants, they owed him no duty imposed on them because of their contract of employment with the hospital or in any way springing out of it. They owed him, however, the duty in the course of their employment not to do anything they either knew or ought to have known would injure him. Having with his assent, undertaken to treat the plaintiff, the defendants were bound to exercise care in what they did and were liable if their failure to exercise ordinary care injured him. If they received no compensation whatever, that fact, while material upon the question of the care required of them, would not excuse them for their failure to exercise such care as the circumstances demanded. If they did not own or manage the hospital, or did not bring the plaintiff there or advise his coming, they were not chargeable for default in the hospital equipment or management, that is, because of any delay in setting the fracture due to the want of proper splints, the absence of a fracture bed, and failure to use either or an X-ray machine, if the hospital did not provide them. They were not responsible for the use of the facilities furnished by the hospital unless in the exercise of ordinary care they should have refused to employ in such a case such as the hospital furnished and by like care they could have procured more suitable appliances. They were not, of course, responsible for any default of other employees of the hospital in the management of the case before or after they ceased to have charge of it or of the default of each other.—Burnham v. Stillings, New Hampshire Supreme Court, 79 Atl. 987.

Good-Will Rights Attach to Practice of Medicine.

The Supreme Court of Alabama holds that damages are recoverable for a breach of contract for the sale of the practice and good will of a practicing physician. The court says that

while there has been some doubt expressed as to whether the matter of good will, as a property asset, can be applied to the practice of a physician, or other professional man, yet the weight of authority is that the good will of a physician or other professional man is a property act, subject to disposal, within the limits prescribed, and in the same manner as the good will of any other business, and a breach of the same incurs the same liabilities.

No Damages for What Simple Operation Will Prevent.

The Supreme Court of Pennsylvania holds that a proper view of the law was presented by a request that the jury be instructed, in this personal injury case, that if they believed that the condition of the plaintiff could be relieved by a simple surgical operation, which an ordinarily prudent man would undergo, such facts must be taken into consideration as an element which would reduce the amount of damages to which the plaintiff would otherwise be entitled. The court says that the plaintiff of course was entirely at liberty to refuse to submit to an operation; but, if the effect of his refusal would be to retain permanently a condition which might be removed by simple operation, which an ordinarily prudent man would, under the circumstances, undergo, that matter should certainly be taken into consideration by the jury in estimating the damages. No compensation should be allowed for damages that might reasonably be averted. Evidence as to the probability of a cure by means of a simple operation was not to be received in mitigation of damages, but as a proper method of showing the actual damages sustained. If the plaintiff could be cured by an operation reasonably safe, and one which would commend itself to the judgment of a prudent man, the injury would certainly be less serious than one for which no hope of cure existed.—(Leitzell vs. Delaware, Lackawanna & Western Railroad Co. (Pa.), 81 Atl. R. 543.)

Practice of Medicine and Contracts Therefor by Corporations — Contracts to Furnish Medical Aid -Liability for Malpractice.

The Supreme Court of Ohio holds that a railroad company is not authorized to practice medicine or surgery, and that a contract to perform medical or surgical services by a corporation organized for the purpose of constructing, owning and operating a street railway is not only ultra vires, or beyond its corporate powers, but is in direct conflict with the laws of Ohio regulating the practice of medicine and surgery, and is, therefore, void. Such a corporation cannot be directly liable for damages for malpractice of medicine or surgery.

On the other hand, such a corporation may make a valid contract to furnish or pay for medical aid and attention to one injured on its cars or tracks; and an action against it for damages for a breach of such contract may be maintained. However, a petition that avers the making of such contract, the employment by the company of a surgeon in pursuance of such contract, and malpractice on the part of such surgeon resulting in damages to the plaintiff, but which does not aver that the person so employed was not regularly admitted to practice medicine and surgery in Ohio, or that he was incompetent and the company knew, or had means of knowing, of his incompetency, or that it was otherwise guilty of negligence or carelessness in selecting him to perform such service, does not state a cause of action. That being the character of the case before the court, it reverses a judgment of the circuit court reversing a judgment rendered in favor of the defendan company.

It is not the law, the Supreme Court says, that one who contracts to furnish or pay for medical or surgical aid and attention to another is liable at all events for the mistakes or incompetency of the physician or surgeon he may employ for that purpose. There must be some neglect or carelessness or misconduct on his part in the performance of his obligations arising under such contract. If he act in good faith and with reasonable care in the selection of the physician or surgeon, and has no knowledge of the incompetency or lack of skill or want of ability on the part of the person employed, but selects one of good standing in his profession, one authorized under the laws of Ohio to practice medicine and surgery, he has filled the full measure of his contract, and cannot be held liable in damages for any want of skill or malpractice on the part of the physician or surgeon employed. (Youngstown Park & Falls St. Ry. Co. vs. Kessler (Ohio), 95 N. E. R. 509.)

Rights and Risks in Home Treatment of Injuries.

The Kansas City Court of Appeals affirms a judgment for $2,000 in the plaintiff's favor for injuries sustained by stepping into a hole in a depot platform. The court says that the defendant earnestly attacked the verdict on the ground that it was grossly excessive, and in the attack went to the length of charging the plaintiff with being a malingerer and with having aggravated the slight injuries she received from falling into the hole by her own subsequent gross negligence. But the evidence not only was substantial but convincing that the plaintiff had been rendered a permanent cripple by her injury. She received a bad sprain in her left ankle, which pained her from the start, but which she thought would yield to simple home treatment. The imputation of negligence on her part must rest on the fact that she did not call a physician, but relied on her own homely skill. The court thinks the characterization of her conduct was an issue of fact for the jury to determine, and that the court would do wrong to hold her culpable in law. In many poor families physicians are not called except in extreme cases. Ordinary injuries, such as cuts, bruises, burns and sprains are given none but home treatment. Courts should be slow to condemn as contrary to rules of law the ordinary practices and usages of the large class of people who must practice the closest economy to make ends meet. It appeared that this sprain, which, at first, promised to be nothing of great consequence, turned out badly, as such injuries sometimes do, and developed into a serious injury which would permanently handicap the plaintiff in her efforts to earn a living. The court cannot say that a verdict of $2,000 for such an injury was excessive.

The jury was instructed, among other things, that, as between the plaintiff and the defendant, it was her duty to have used all ordinary care for the treatment and recovery of her injuries, and if she neglected to do so, and as a result of such neglect her injuries became aggrivated and incurable, she could not be allowed any damages for such aggravation or incurable condition. In other words, she could be allowed only such sum of money as would fairly compensate her for the damages necessarily resulting from such injuries and nothing more. If, in the exercise of ordinary care, she should have employed a physician to treat her limb, and failed to do so, and her injuries were increased or aggrivated, or made permanent or incurable, because she did not have medical advice and treatment, then she could not be allowed anything for such increased damages or incurable condition.—(Biggie vs. Chicago, Burlington & Quincy Railroad Co. (Mo.), 140 S. W. R. 602.)

Therapeutic Notes.

Asthma Treated by Calcium Salts.

Dr. C. Kayser, in Therapeutische Monatshefte, Berlin, refers to the literature on calcium salts as sedatives for the nervous system, and describes thirteen cases of asthma and allied conditions in which he found calcium chlorid effectual in prophylaxis. He ordered it in the form of 20 gm. calcium chlorid ($CaCl_2$); 40 gm. simple syrup, and distilled water to 400 gm. The patient took a tablespoonful of this in milk every two hours for eight days. No untoward by-effects were observed in any instance, and the patients all said that after a day or so they could breathe and expectorate easier and their sleep was no longer disturbed. After the third day there were no further attacks in all but two cases, and the relief has been permanent to date in some. In one case there was a complicating heart defect but this did not interfere with the success of the treatment. In one of the two refractory cases, the negligence of the patient may have been responsible for the lack of effect from the medication.

Nervous Vomiting in Childhood.

Dr. E. B. Smith, in the Lancet, December 23, 1911, calls attention to a type of nervous vomiting in children, in which he briefly cites a number of cases. The principle features are painless, effortless vomiting, occurring directly after meals, without alteration in the general health, and having its origin in children of nervous habits or inheritance. The child with chronic intestinal dyspepsia, or mucous disease, generally wastes, has epigastric pains and other symptoms, but rarely vomits. In cerebral tumor there may be effortless, painless vomiting, but it has no direct relation to meals; headache is usually persistent and severe, and later there will be optic neuritis, and perhaps localizing symptoms. The regular and daily nature of the sickness easily distinguishes it from that large group of cases of cyclical or periodic vomiting which are dependent on sundry autointoxications or are manifestations in the child of migraine. Vomiting due to an intra-abdominal lesion should be easily recognized by a careful examination. Treatment resolves itself into an elimination of all causes that may aggravate the underlying nervous instability. Removal from unsuitable home surroundings and the application of a little firm moral control will often effect a cure. In obstinate cases the same treatment as is applicable to lienteric diarrhœa—small doses of arsenic and opium given just before meals—has in the author's experience always proved immediately efficacious.

Otis Media.

Cocaine hydrochloride gr. x
Carbolic acid m x
Adrenalin (1/1000) ʒi
Glycerin mxl
Water q .s., ad ℥ss

M.—Sig. Drop ten drops warmed into the ear every three or four hours.

Wound Dressings.

Unless wounds are suppurating very freely, as a general proposition they are dressed too often.

Peroxide of hydrogen injected into cavities and sinuses often carries the infection further into uninvaded tissues. Peroxide is also too strong to apply pure to newly healed tissue.

Sterilized gauze without dusting powder is sufficient protection for any clean surgical wound.

Sterile water, saline solution, or very dilute antiseptic solution should always be given preference over the stronger antiseptics which, in destroying the pus cocci, at the same time destroy the new epithelial tissue by which granulating wounds are covered.

There is no better protection against infection than the free application of large sterilized pads or dressings with which they should be abundantly covered.

Absolute physiological rest by a properly applied splint, or confinement in bed, is a great time saver in the healing of wounds.

Silk-worm sutures are much less likely to produce stitch abscesses, and should be given the preference over catgut wherever practicable.

Zinc oxide plaster has a wider field of usefulness as a surgical appliance than has been given to it.

In redressing wounds, all materials should be thoroughly softened by warm sterile water before the dressing is removed.—L. Sexton, in The Virginia Medical Semi-Monthly.

Hospitals.

Beth Israel Hospital, Newark.

A patriotic festival given by the Young Ladies' Auxiliary of the Beth Israel Hospital, at the Springfield Avenue Colosseum, Newark, June 12th, was a great success, netting a large sum for the hospital's benefit.

Tuberculosis Hospital, Morris County.

The Board of Freeholders of Morris County last month awarded the issue of $35,000 of bonds for the erection of the county tuberculosis hospital at 102.125.

North Hudson Hospital.

The Hudson Observer, in referring to the industrial exhibit for the benefit of the North Hudson Hospital, says:

"Such an institution for the care of the sick and injured is an absolute necessity. The hospitals of Jersey City and Hoboken are no longer adequate to care for all the county. Hospitals in Jersey City and in Hoboken receive more financial assistance from their respective municipalities than does the North Hudson institution. It is handicapped by reason of the fact that, while it provides for a large territory, its appropriations from the various towns are small and the Board of Managers are obliged to work constantly to make both ends meet. They are entitled to some encouragement.

St. Peter's Hospital, New Brunswick.

The managers of this hospital have erected a handsome brick building on the hospital grounds, for a nurses' home. It contains eighteen rooms and a hall.

The training school of the hospital graduated two nurses in June. The exercises were held in Columbia Hall, Dr. J. W. Rice presiding. The address was delivered by Dr. Frank M. Donohue, president of the hospital staff. Dr. F. E. Riva presented the diplomas.

Wells Memorial Hospital, New Brunswick.

At a recent meeting of the Board of Directors of this hospital the following resolution was adopted: That physicians, other than those of the Medical Staff and in good and regular standing, may have, subject to the usual rules and regulations and within the capacity of the hospital, the privilege of introducing and caring for patients in the private rooms of the hospital. In case an operation shall be required, it shall be performed by a member of the Medical Staff, but the subsequent care of the patient may devolve upon the physician introducing the case.

Harvard's New Children's Hospital.

Dr. R. W. Lovett, Boston, in describing this addition to Harvard's hospital scheme states that there are two peculiar requirements in a children's hospital dealing with surgical and orthopedic cases: first, facilities for outdoor treatment must form an integral part of the institution, and, second, the arrangement must be such as to minimize the danger of the spread of infectious diseases in the wards. Again and again it has been experienced that a ward of twenty beds would have to be closed because of the occurrence of one case of measles or scarlet fever, and in addition to the unnecessary illnesses contracted in this way, the work of children's hospitals has been very seriously impaired by the large ward unit. Therefore, the small ward unit furnishes the solution of the difficulty. Each pavilion in the new Children's Hospital is to contain twenty beds, and these beds are to be divided into two units of ten each at different ends of the pavilion, the children of the two units never coming in contact. One or two ward units will always be kept vacant, so that if an infection occurs the ward has simply to be quarantined until emptied and then disinfected.

Marriages.

BROWN—SUYDAM.—At New Brunswick, N. J., June 15, 1912, Dr. Frederick Lane Brown to Miss Esther May Suydam, both of New Brunswick.

SMITH—CORZER.—At Ellicott City, Md., May 22, 1912, Dr. Houghton C. Smith to Miss Ethel M. Corzer, both of Trenton, N. J.

Deaths.

ANDREWS.—In Camden, N. J., June 4, 1912, Dr. Purnell W. Andrews, aged 65 years.

Dr. Andrews was a graduate of the Homeopathic Medical College of Pennslyvania in 1867.

BRUECKNER.—In Newark, N. J., June 24, 1912, Dr. Charles H. Brueckner, from peritonitis following an operation.

Dr. Brueckner was born in Newark in 1876; was educated in St. Peter's Parochial School and St. Benedict's College, after which he entered the College of Physicians and Surgeons, Baltimore, from which he graduated in 1901. He practised in Newark until three years ago, when failing health compelled him to retire.

HINDS.—In East Orange, N. J., June 5, 1912, Dr. Harriet C. Hinds, a graduate of the Eclectic Medical College of the City of New York, in 1877, in which college she was professor of pediatrics.

WARD.—In Newark, N. J., June 18, 1912, Dr. Edwin M. Ward, aged 72 years.

Dr. Ward was born in 1840; he was a son of the late Dr. E. D. Ward, who practised many years in Bloomfield; the son continued the practice until his retirement three years ago. He graduated from the College of Physicians and Surgeons, New York City, in 1862. He was a member of the Essex County Medical Society, the Medical Society of New Jersey and the American Medical Association.

Book Reviews.

The Practical Medicine Series comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Gustavus P. Head, M. D., and Charles L. Mix, A. M., M. D. Volume I., General Medicine, by Frank Billings, M. S., M. D., head of the Medical Department of Rush Medical College, and J. H. Salisbury, A. M., M. D., Professor Medicine, Chicago Clinical School. Series 1912. The Year Book Publishers, Chicago. Volume II., General Surgery, by John B. Murphy, A. M., M. D., LL.D., Professor Surgery in Northwestern University, etc., etc.

These little books give a very concise synopsis of the various items of progress in medicine and surgery during the past year and are of great value to one who would hastily review the advances made in these two fields.

Progressive Medicine: A Quarterly Digest of the Advances, Discoveries and Improvements in the Medical and Surgical Sciences.

Edited by Hobart Amory Hare, M. D., Professor Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Leighton E. Appleman, M. D. Vol. II., June, 1912. Lea & Febiger, Philadelphia and New York. 1912.

This volume treats especially of Hernia and the surgery of the Abdomen; Gynecology; Diseases of the Blood, Spleen, Thyroid Gland, Nutrition and the Lymphatic System, with a short section on Ophthalmology.

Personal Notes.

Carman, Dr. John H., Plainfield, was one of the speakers at thte banquet of the College of Physicians and Surgeons, of Baltimore, May 25.

Coit, Dr. Henry L., Newark, sailed for Europe last month. He expects to return next month.

Davis, Dr. Henry V., North Branch, and wife spent a few days last month visiting Mrs. Davis's parents at Lebanon.

English, Dr. James R., Newark, and family are enjoying their vacation at Budd's Lake.

Fulper, Dr. Theodore B., Junction, wife and a few friends enjoyed a successful fishing trip to Budd's Lake last month.

Hanan, Dr. James T., Montclair, and wife are spending the summer at Squirrel Island, Maine. They expect to return the latter part of August.

Hawkes, Dr. E. Zeh, Newark, and family are at their summer home at Greenwood Lake.

Hughes, Dr. J. William, Atlantic City, has been appointed a member of the City Council.

Ill, Dr. Edward J., Newark, sailed for Europe, June 11th, for a few weeks of needed rest.

Mahaffy, Dr. Jesse L., Camden, and family have occupied their handsome new cottage at Ocean Grove for the summer months.

Mecray, Dr. Paul M., Camden, and family will spend the summer at Cape May.

Moore, Dr. John, Sussex, and wife attended the commencement exercises at Lehigh University, South Bethlehem, Pa., in June, their son Walter being one of the graduates this year.

McCormick, Dr. W. H., and Dr. P. J. Boudart, having completed their year of service as resident physicians at St. Francis's Hospital, Trenton, have entered upon the practice of medicine.

Smith, Dr. Charles B., Washington, was injured in Easton, Pa., June 8th, while cranking his automobile.

Spickers, Dr. William, Paterson, was operated on for appendicitis, June 6th, at the Paterson General Hospital.

Strock, Dr. Daniel, Camden; Drs. Philip and Emory Marvel, and Dr. W. Blair Stewart, of Atlantic City, were guests at the dinner given by Dr. Ziegler, president of the Medical Club of Philadelphia, June 7, in honor of President Jacobi and President-elect Witherspoon, of the A. M. A.

Scribner, Dr. Charles H., Paterson, and family are at Fern Lodge, Culver's Lake, for the summer.

Sutphen, Dr. Theron Y., Newark, wife and daughter are spending their vacation season in Northeast Maine, where the doctor enjoys the excellent fishing there found.

Tracy, Dr. George T., Beverly, and family are spending a few weeks in Maine.

Warman, Dr. David, Allenhurst, formerly of Trenton, was recently elected an elder in the Presbyterian Church of Asbury Park.

Young, Dr. Joseph C., Newark, and family are at their summer home, Millington, N. J.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Alabama, January....	50	29	21
California, April.....	79	56	23
Idaho, April.....	26	15	11
Maine, March	18	10	8
Minnesota, April	10	8	2
West Virginia, April	15	11	4

Reciprocity in State Licenses.

The Pennsylvania State Bureau of Medical Education and Licensure recently completed an agreement on medical licenses to be offered to other States. The basis for reciprocity is as follows: Licenses earned by examination; reciprocity is only to apply to holders of diplomas from medical colleges recognized as in good standing by the licensing authorities of the State in which the candidate seeks the right to practise; the licensing authorities of either State are to follow the laws of their State in rating preliminary education; a regularly licensed practitioner applying for the benefits of reciprocity must have been in practice at least two years in the State from which he holds his license, but the licensing authorities of either State may in their discretion modify this requirement in any individual case; the applicant shall not have failed in any medical examination conducted by licensing authorities of the State in which he seeks to be licensed; the applicant must appear in person before examiners, present satisfactory evidence of character and that he is not addicted to the intemperate use of drugs or liquors; credentials as to personal and professional standing shall be required from medical society of the county or State in which applicant has been practising.

Plan for Federal Health Department.

At a joint conference held in Pittsburgh, Pa., June 18th, between a committee representing the American Medical Association and a committee from the American nstitute of Homeopathy, holding its sixty-eighth annual convention in that city, it was virtually agreed that both would favor a national department of health. The Association was represented by Dr. W. C. Woodward, of Washington, D. C., and Dr. Samuel G. Dixon, of the Pennsylvania Department of Health. The institute committee was composed of Drs. George Royal, Des Moines, Ia.; J. H. McClelland, Pittsburgh; J. P. Sutherland, Boston; R. S. Copeland, New York, and J. B. Gregg Custis, Washington, D. C.

Public Health Items.

Diphtheria at Woodbridge, N. J.

The schools and churches at Woodbridge, Middlesex County, were closed in June because of a widespread epidemic of diphtheria. On investigating it was found that all the original

cases had occurred in families taking milk from the same milkman, and the Board of Health discovered a case on the dairyman's premises.

Wholesale Vaccination.

More than 1,500 persons in the northwest part of Philadelphia were subjected to compulsory vaccination on June 20 because of the prevalence of smallpox in Manayunk and the surrounding districts. About sixty families barricaded their houses and refused to allow the police to enter. As a result they have all been placed under strict quarantine.

Water Supply Contaminated.

Test of the city water in Newark, N. J., recently showed the presence in considerable quantities of the B. coli communis, and immediately after the discovery the supply was cut off. It decided that the reservoir should be drained —there are some 679 billion gallons of water in storage—and the basin thoroughly cleaned. This condition was remedied and free use of the water without boiling has been announced as safe.

The Shoemaker and the Last.

There was a certain Shoemaker who lived in the town of Dee and who was an Exceedingly Wise Man in his own estimation. He felt that all Knowledge was His. One day his Doctor came to him and advised that his little Girl be vaccinated. Thereupon the Shoemaker swore great oaths that no one should vaccinate His Child. He himself knew of a Man in Prince Edward who was vaccinated and who three days after fell Down and broke his Neck. No vaccination for His! Wherepuon the doctor, being wise after his Day and Generation, went his Way. In about a month, a small colored boy, who had been in a State where they allow such things, came back to sleep in the shoemaker's Stable. He had Three Pimples on His Face. He said they were "Bumps." Fourteen days after, the Shoemaker's little Girl came down with a good Case of Old-Time Smallpox. Had not the doctor done a Fine Piece of Work there would have been a Funeral. The Shoemaker having enjoyed a Wiser Father than he, had a scar on his Arm and kept well. He lost three Weeks from Work, had to burn the Stable and his little Girl had marks on her face the rest of her Life.

Moral: The Shoemaker Should Stick to His Last.—Virginia Health Bulletin.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, May, 1912.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending May 10, 1912, was 3,125. By age periods there were 517 deaths among infants under one year, 264 deaths of children over one year and under five years, and 1,023 deaths of persons aged sixty years and over.

The total number of deaths is 219 less than the preceding month and 316 less than the corresponding period last year.

Deaths from measles show a noticeable increase and, with the exception of one month, is higher than for any period during the past five years. This is a most serious disease of childhood, and physicians, parents, school teachers and others should be alert for the first symptoms in order to prevent its spread.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending May 10, 1912, compared with the average for the previous twelve months, the average in each case being given in parentheses:

Typhoid fever, 14 (27); measles, 63 (21); scarlet fever, 11 (15); whooping cough, 19 (25); diphtheria, 32 (43); malarial fever, 0 (2); tuberculosis of lungs, 353 (311); tuberculosis of other organs, 58 (55); cancer, 173 (161); diseases of nervous system, 354 (353); diseases of circulatory system, 399 (385); diseases of respiratory system (pneumonia and tuberculosis excepted), 231 (232); pneumonia, 305 (240); infantile diarrhœa, 49 (207); diseases of digestive system (infantile diarrhœa excepted), 164 (185); Bright's disease, 261 (225); suicide, 34 (34); all other diseases or causes of death, 605 (643); totals, 3,125 (3,164).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens received from suspected cases of diphtheria, 274; tuberculosis, 538; typhoid fever, 250; malaria, 29; miscellaneous specimens, 68; total, 1,159.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending May 31, 1912, 482 samples of food and drugs were examined in the State Laboratory of Hygiene, with the following results:

Specimens found to be below standard: 19 of the 309 samples examined; the 2 of apple butter; the 1 of candy; 3 out of the 34 of cream; 3 of the 8 of olive oil; 1 of 81 of ground spices; 7 of the 10 of tomato ketchup; the 1 of veal; 7 of the 16 of cider vinegar.

The following articles, all samples, were found above standard: 4 of butter, 2 of cocoa, 8 of molasses, 3 of white vinegar and 1 each of oleomargarine, tomato paste and cream tartar.

In 15 cases where articles fell below the standard, suits were instituted.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 250 dairy inspections were made. The following figures show the number inspected and the numbers found to be 60 per cent. above and below:

County.	Number inspected.	Above 60%.	Below 60%.
Burlington	20	14	6
Camden	9	2	7
Essex	1	1	0
Gloucester	12	10	2
Hudson	48	9	38
Hunterdon	119	54	60
Mercer	1	0	1
Middlesex	2	1	1
Monmouth	5	3	1
Morris	29	17	9
Salem	4	3	1
	250	114	126

The number stopped from producing milk in different counties were: Hudson, 1; Hunterdon, 5; Monmouth, 1; Morris, 3.

Number of dairies; first inspection..... 110
Number reinspected 140
Milk depots inspected..... 1
Letters sent to dairymen..... 71

Inspections were made at the request of the following local boards of health: Asbury Park, Bayonne, Bordentown, Burlington, Collingswood, Dover, East Orange, Gloucester City, Jersey City, Perth Amboy and Trenton.

CREAMERIES INSPECTED.

Atlantic City 6, Baptistown, Clinton, Columbus, Daretown, Elmer, Frenchtown, Monroeville, Perth Amboy 2, Sunnyside, Trenton and Woodstown. Total, 18.

Creamery licenses recommended..... 1
Letters sent to creamery operators..... 15

ICE CREAM FACTORIES INSPECTED.

Asbury Park, Atlantic City 4, Bordentown 2, Dover 7, East Orange 2, Elmer, Frenchtown 2, Glassboro, Jersey City 14, Madison 2, Newark, Ocean City 4, Orange, Perth Amboy 7, Trenton 11; total, 60.

Ice cream factory licenses recommended.... 5
Letters sent to ice cream factory operators 15

During the month ending May 31, 1912, 123 inspections were made in 46 cities and towns, the largest number made in towns having been: Trenton, 27; Camden, 16; Jersey City, 17; Newark, 8; Atlantic City, Elizabeth, Paterson, Perth Amboy and Roselle, 3 each.

The following articles were examined during the month, but no samples were taken:

Milk, 517; butter, 530; food, 838; drugs, 69.

Other inspections were made as follows: Milk wagons, 150; milk depots, 41; grocery stores, 395; drug stores, 9; slaughter-houses, 31; meat markets, 31; bakeries, 1; butter wagons, 3; creameries, 1; saloons, 57; cold storage warehouses, 16.

Division of Sewerage and Water Supplies

Number of samples analyzed in the laboratory, 192: Public water supplies, 109; proposed public water supplies, 3; private water supplies, 26; miscellaneous water supplies, 23; sewage samples, 31.

INSPECTIONS.

Water supplies and water purification plants inspected at Bordentown, Bridgeport, Bridgeton, Clinton, Elizabeth 3, Essex Fells 2, German Valley, Gladstone, Glen Gardner, Gloucester, Midland Park, Milford, Millville 4, Morristown, Mount Holly, Perth Amboy 2, Plainfield, Riegelsville, South Plainfield 2, Summit, Warren Paper Mills.

Watershed inspection at Belvidere, Boonton, Branchville, Clinton, Dover, Elizabeth, Hampton, Mendham, Newton, Orange, Phillipsburg, Rahway, Salem, Sussex, Washington.

Sewage disposal plants and sewerage systems inspected at Allenhurst, Asbury Park, Asyla, Bradley Beach, Brown's-Mills-in-the-Pines, Burlington, Camden, Cape May, Collingswood, Cranford, Deal Beach 2, Edgewater, Englishtown, Fernwood, Fort Lee, Freehold, Interlaken, Jamesburg, Kenilworth, Lakehurst, Lakewood, Loch Arbor, Merchantville, Millville, Moorestown, Plainfield, Neptune Township, New Lisbon, Ocean Grove, Red Bank, Riverside, Skillman, Summit, Trenton, Wenonah, Westfield.

Stream inspections on the Delaware River, Elizabeth River, Mantua Creek, Maurice River, Passaic River, Paulin's Kill, Pohatcong Creek, Rahway River, Rancocas Creek, Raritan River, Salem Creek, Shabbacong Creek, Swimming River, Whippany River.

Number of stream pollutions reported..... 95
Reinspections of stream pollutions made... 89
Stream pollutions abated..... 40
Notices to cease pollution issued..... 181
Plans for sewerage systems(sewage disposal plants and extensions approved 3
Plans for sewerage systems, sewage disposal plants and extensions disapproved..... 1

NEW AND NON-OFFICIAL REMEDIES ACCEPTED BY THE A. M. A. COUNCIL OF PHARMACY AND CHEMISTRY.

Since February 1 the following articles have been accepted for inclusion with new and non-official remedies:

Sodium Succinate, exsiccated, Merck & Co.
Sodium Succinate, Exsiccated, Fairchild Bros. & Foster.
Tablets Oxyntin with Pepsin, Fairchild Bros. & Foster.
Capsules Oxyntin with Nux Vomica, Fairchild Bros. & Foster.
Cornutol, H. K. Mulford Co.
Ampules Cornutol, H. K. Mulford Co.
Digitol, H. K. Mulford Co.
Atophan, Schering & Glatz.
Atophan Tablets, Schering & Glatz.
Capsules of Holadin Succinate of Soda and Bile Salts, Fairchild Bros. & Foster.
Capsules of Bile Salts Succinate of Soda and Phenolphthalein, Fairchild Bros. & Foster.
Capsules of Holadin, Bile Salts and Phenolphthalein, Fairchild Bros. & Foster.
Euscopol, Riedel & Co.
Eucodin, Riedel & Co.
Iodo-Casein, H. K. Mulford Co.
Iodo-Casein Tablets, 2½ grs., H. K. Mulford Co.
Iodo-Casein Tablets, 5 grs., H. K. Mulford Co.
Formacin, Kalle & Co.
L-Suprarenin Synthetic Bitartrate Tablets (V. Koechl & Co.).
Colon Vaccine (Parke, Davis & Co.).
Gonorrheal Vaccine (Combined) (Parke, Davis & Co.).
Typhoid Vaccine (Prophylactic) (Parke, Davis & Co.).
Furunculosis Vaccine (Parke, Davis & Co.).
Combined Bacterial Vaccine (Parke, Davis & Co.).
Acne Vaccine (Parke, Davis & Co.).
Novocain Tablets "D" (Victor Koechl & Co.).
Novocain Tablets "F" (Victor Koechl & Co.).
Novocain Suprarenin Tablets "A" (Victor Koechl & Co.).
Novocain Suprarenin Tablets "B" (Victor Koechl & Co.).
Novocain Suprarenin Tablets "C" (Victor Koechl & Co.).
Novocain Suprarenin Tablets "E" (Victor Koechl & Co.).
Proferrin Tablets, 1, 2½ and 5 gr. (H. K. Mulford Co.).
Meningo-Bacterin (H. K. Mulford Co.).
Tyramine (Burroughs Wellcome & Co.).
Tumerculin-Rosenbach (Kalle & Co.).

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VACCINE THERAPY.*

By Gordon K. Dickinson, M. D.,
Jersey City, N. J.

To the student of disease and injury it is evident that the only physician who has promptly and efficiently cared for the body at times of injury or disease has been Nature. From her efforts at relief and control, in the evolution of events, a thorough, complete and, to a large extent, successful therapy has been evolved. All efforts on the part of outsiders have been only secondarily potent, sometimes for harm, more often without avail; but with a knowledge to be learned from Nature and her workings and with a sensible therapy based on the principles demonstrated by her, true cures may be established, particularly where Nature has become exhausted.

Lesions produce pain; pain brings about spastic contraction of superimposed muscles splinting the part, reducing motility, giving rest. Exudate of lymph or serum at the point of trauma or microbic infection, produces similar effect of splinting, of immobilization and rest. Thest two facts teach us the value of rest and how to imitate Nature's suggestion in our treatment of disease. Fever, lassitude and indisposition, again rest of body, point to the tremendous aid incident to recumbency, quiet of mind and sleep.

In the blood we have further defenses, so dramatic, so accurate and complete in effectiveness that were it not for the action and reactions here instituted the human race would have long since been annihilated. Through that still mysterious flush with arterial blood, we have attracted to the point of injury, lymph containing an abundance of leukocytes and antibodies. Within a few hours after bacterial invasion, leukocytes accumulate to institute their several modes of combat. We have here the bacteriolysins, the agglutinins, which clump the germs and the opsonins that so effect them that in subsequent phagocytosis the enzymic content of the phagocytes is enabled to destroy it.

Further, we have the anti-toxins which antidote the bacterial toxins. Each tissue and organ of the body responds to the call for defense and each and several produce and deliver one or more of the defenses needed. If the tissues of the body be properly maintained, if they are all in a condition of health, the antibodies will be formed promptly and sufficiently to resist germ invasion and be able to produce on call the proper opsonin for each occasion.

If through alcoholic excesses, fatigue or poorly conducted life, the body tissues be degenerate, the antibodies needed will be imperfect in quality, slow in output and insufficient. If the irritant be mild, bacterial lesions may persist through a lack of response on the part of the system. If the fight be prolonged, the protective powers of the system may become exhausted and the lesion continue.

The successful physician is he who best comprehends the normal and morbid physiology of the body, who understands bacterial life and who uses discerning judgment in the aid of Nature. No one of the several departments of therapy has so emphatically appealed to the materialistic nature of the practitioner as the one of vaccination. He has almost forgotten the splinting effect of muscular rigidity and lymph exudate, and is injecting dead germs and serum without, I am grieved to say, a careful thought of the underlying co[illegible]-

*Read at the 146th annual meeting of the Medical Society of New Jersey, Spring Lake, June 11, 1912.

tions existing in each case and of the tremendous power for harm if unskilfully dosed.

Wright's definition should be memorized: Vaccination is "Any biological chemical product which when introduced into the organism causes an elaboration of protective substances."

How it is that a few million dead germs thrown under the skin can succeed in stimulating the reactive powers is not understood. Curious it is that in the presence of infinite millions this effect can be obtained. From their introduction we have three results: increased hyperæmia of the infected spot, rise in the leukocyte count and the increased production of opsonins. In proportion to the strength of the vaccine will be the amount of hyperæmia. In diagnosis some use large doses in order that the hyperæmia may be sufficient to induce a condition close to inflammatory reaction with pain, and through this determination of the organ infected. In conditions where the germ is mildly irritating, its reaction slow and insufficient, as for instance tuberculosis, the hyperæmia effect of the tuberculin injection, if maintained at not too great an extent, will have the potent serum brought more closely to the proliferative cells.

Wright's estimation of the opsonic index is a scientific truth, but a practical failure. Several observers will differ on the same case. It is impossible for various reasons to have laboratory determinations of opsonic index in all cases and with sufficient frequency. The clinical effect of the vaccine treatment, if judged wisely, is at present our best guide to the time and amount of the dose. Human nature is so constructed that few physicians are psychologically fit to determine the number of germs that should be given and the interval that should transpire.

In the opinion of the writer the man who is competent to make a vaccine, he who understands germ life, should have the privilege and responsibility of this problem. Aside from the opsonic determination and the clinical estimate of the case, as vaccine produces a leukocytosis, a leukocyte count is by some claimed to be of value. This is an accurate determination and may be left to any one of ordinary laboratory training.

In order that treatment by vaccine may meet with success three conditions must obtain:

First—The germ or germs inducing the [illegible]n should be discovered in the individual from which an autogenous vaccine may be made. It is very essential that the particular strain inducing the lesion should be used in making a vaccine. Side strains as exploited in stock vaccines produce indifferent or no result. A particular opsonin for the attacking microbe cannot be stimulated by any other germ or strain of germs than the one invading.

Second—There must be a sufficient arterial and lymph supply to the affected tissue in order that serum and its contained antibodies and phagocytes may abundantly reach it. This will account for many failures in the antrums of the face and superficial mucous infections, as for instance the blennorrhagias.

Third—The lesion must be so localized without complicating bacillæmia as not to have exhausted the antibody forming organs.

Without a proper comprehension of the three above facts and a rational application, vaccine therapy will fail and be discredited. Wright's optimism has not been proven well founded by clinical experience, nevertheless there is a large field in surgery as well as in medicine for this mode of treatment. Where the vascular supply is imperfect, where the flow of serum is insufficient, a hyperæmia may be induced in various ways, by friction, heat, vigorous exercise and the Bier's bands and cups, thereby materially aiding the process.

Vaccine therapy differs from drug therapy or any other type of treatment in the fact that affecting materially tissue metabolism and antibody and leukocyte formation, it necessarily is a double-edged sword. In accurately estimated doses properly spaced as to time we gain in opsonins and leucocytes. If the doses be too great a condition known as the negative phase follows, and instead of increase in defense production we have diminution, exhaustion of tissue and added danger.

Tillotson, speaking empirically, gives the following doses as those ordinarily used for the purpose:

"From 100-1000 million staphylococcus.
"From 5-200 million streptococcus.
"From 10-200 million pneumococcus.
"From 5-500 million gonococcus.
"From 10-200 million colon bacillus.
"From 1/10000-1/500 milligrams tuberculin 'T. R.'"

Be it remembered, however, that even this may be far from correct.

The cutaneous infections (the ones selected by Wright for his experimental

work), on account of their strict localization, entire absence of bacillæmias and the fact that the normal reactive powers not being affected are most successful cases for treatment. The staphylococcus affections such as acne, furunculosis, carbunculosis and staphylococcus erysipelas are very amenable to treatment. In cutaneous conditions associated with hyperplasia interfering with lymph supply some one of the several measures that produce hyperæmia are necessary adjuvants, for example irritating applications, heat, X-ray or Bier's methods. In streptococcus erysipelas if autogenous vaccine be made from blood obtained through a puncture on the advancing edge, the extension of the disease may be completely controlled. In sinusitis, whether the staphylococcus, streptococcus or pneumococcus, favorable results may sometimes be obtained, but as the sinuses in chronic conditions, particularly, have not a free lymph supply, benefit may be slowly obtained or not at all. In colon bacillus infections of the urinary tract, colon bacillus prostatitis, pyelitis, cystitis, in colon bacillus endometritis, in chronic gastric catarrh, not associated with defective motility or defective secretion, but associated with foul breath, as well as in the various colon bacillus lesions in different parts of the body, vaccines are efficacious. It stands next to the staphylococcus in controllability.

In streptococcus puerperal infections, which are strictly localized, where we have no bacillæmia. vaccines have proven of great value. As a prophylactic, the streptococcus vaccine has been given before operations as well as before confinement with apparently beneficial effect. In acute gonorrheal conditions, the germ being intracellular and away from the lymph stream, vaccine therapy fails. In the chronic conditions where the gonococcus has penetrated deeper as in the prostate and in the capsule of joints, we have very beneficial results. This is the only germ which has but one or a few strains, and stock vaccine may be of value. One cannot but believe, however, that the more nascent autogenous vaccine would be of greater value.

In tuberculosis whether of the lung or of the bones, joints or glands, "T. R." is efficacious, but must be given in very small doses, much smaller than has been the custom in the past, and great care taken not to induce a clinical hyperæmia, as rise in temperature, accelerated pulse and pain.

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DISCUSSION.

Dr. John C. McCoy, Paterson, opening the discussion on Dr. Dickinson's paper, said: I had some remarks to make on this interesting topic that Dr. Dickinson has treated of, but I find that the subject has been so thoroughly covered by the article that our society has allowed to be distributed in the adjoining room, accompanied by numerous samples illustrative of the treatment, that I think it quite unnecessary for me to take up the matter in the monograph. However, there are one or two items that I should like to refer to.

In the use of vaccines in surgical conditions, I have been impressed with the fact that favorable results may occur in those patients whose general health was good at the time of injury or infection. In those patients whose vitality is at a low ebb and there is poor resisting power, I have found the results to be either indifferent or nil. I am free to say that up to the present time, in surgical diseases, I have not seen results in the use even of autogenous vaccines, to occasion any degree of enthusiasm, or which would lead me to rely solely upon this method of combating infection. I believe with the writer that the indiscriminate use of stock vac-

cines, should be mentioned only to be condemned. I have never seen results which would sanction their use. It is pathetic to witness the child-like faith which many practitioners evidence in this method of treatment, and how absolutely they depend upon it, frequently ignoring those basic principles of attention to the general well being of the patient in assisting him to maintain a proper physical condition in order that he may successfully throw off infection. As pointed out by the writer, "the successful physician is he who best comprehends the normal and morbid physiology of the human body;" and who, therefore, is able to assist nature. The natural resistance against infection is due to the lack of a proper soil and in the struggle against bacteria, the defense of the body is not conducted by any single element. It is by the concerted and properly directed action of all the functions of the economy that health is maintained. The moment this equilibrium is interfered with, that minute the ability of the body to combat disease is diminished. We may have in vaccine therapy of the autogenous character, a potent aid in infectious processes; but we should not allow ourselves to lose sight of the fact that the bacterio-lysins, agglutinins, alexins, and opsonins are far more formidable in a body, whose leukocytes are normal, and while we may add this method of treatment to our armamentarium, still remember to pay proper attention to the general hygienic and supportive treatments of our patients.

The article that I hold in my hand, which probably many of you have seen, should, I think, be brought to your attention only to be emphatically and unequivocally condemned. When we are confronted with a list of diseases as shown here—whooping cough, rheumatism, indigestion, vaginitis, vertigo, etc.—for which there is a ready-made vaccine, it seems to me that it is high time that the medical profession of this State entered a protest against the exhibition of such methods of quackery at the annual meeting of our honored State Society.

DR. GEORGE E. MCLAUGHLIN, Jersey City: Dr. Dickinson has conformed in his remarks to what I believe are the advanced ideas in vaccine therapy. I do not think that there is a laboratory worker who might be present or be within a considerable radius of Spring Lake who would have any particular fault to find or any criticism to make of the remarks of that paper. I believe that it is basically and fundamentally correct. I furthermore agree absolutely with the remarks of Dr. McCoy. I have had no conversation with him, and possibly I should not care to make those remarks myself for I might be called biased if I did, as coming from one who produces vaccines. Still I entirely agree with him and am against the use of stock vaccines as a cure for everything under the sun, as mentioned in the list given by the Sherman people. That list was compiled by persons who are in the business for commercial purposes and so are apt to degrade the good that lies in vaccine therapy.

Vaccine therapy undoubtedly has its limitations, and he who first grasps these limitations is the man who is going to get the greatest benefit, I believe, out of the use of vaccines. I heartily concur in the use of autogenous vaccines solely. One has only to refer back to some of the work in vaccine therapy done by Wright, of London, and Eyer, of London, who both use nothing but autogenous vaccines. I have seen so much in Jersey City and Hoboken, and even somewhat in Bayonne, of the use of vaccines without knowing what the infecting germs present were, that I have come to condemn the procedure. The physician would say, at a guess, This is staphylococcus infection or streptococcus infection, and use a stock vaccine accordingly. From talks that we have had in our local medical society, I am glad to see that this practice is dying out. The men are coming to realize that they must know what infection they are dealing with, before they can use the particular vaccine for it.

The great objection to stock vaccines is that you are not sure of having the same strain of bacteria as are the cause of the infection and the same individual care cannot be given to the stock vaccine in its preparation that is given to an autogenous vaccine. You cannot turn out a small amount of vaccine in an ampule, sell it for twenty-five cents, and give the same care to its preparation as can the man who is giving his undivided attention to the preparation of an autogenous vaccine.

One of the great points in vaccine therapy is the accurate standardization. You talk of the numbers of bacteria you are giving, and speak in millions; but if you are not sure of the standardization you are not giving the proper doses.

Another feature that I claim (and I have had men employed in laboratories where stock vaccines are made tell me that it is absolutely true) is that they will use a degree of heat higher than the man producing the autogenous vaccine uses, because they want to be sure that their vaccines are sterile. They are not careful to use the lowest possible degree of heat that will kill the particular bacterium. The lower the degree of heat you use to kill the organisms, the better the immunizing effect of the vaccine will be. We are experimenting along the lines of not using heat at all, but antiseptics, to kill the organisms in the vaccine; and there is considerable promise of increased efficiency along these lines for vaccines.

DR. W. B. JOHNSON, Paterson: I should like to make a point in relation to the difference between autogenous and stock vaccines that has not been made. It seems to me that an autogenous vaccine would certainly contain all of the elements that were involved in the condition from which the vaccine was made; whereas in the case of a streptococcic vaccine made of streptococci from a different disease and a different source we might not be able to have contained in this stock vaccine the necessary elements to counteract the disease which we were about to treat. When the autogenous vaccine is made from a mixed infection, you will still have the elements of mixed infection in the vaccine; whereas in the stock vaccine, you might select, in accordance with the directions or suggestions contained in the book, a vaccine containing various cocci all in one little dose, and give it to the patient in the belief that the patient had been infected by these various bacteria, and find that the selection had been incorrectly made. He might or might not have been infected by these particular bacteria. The question of what the patients are infected with is imaginary with the gentleman who is treating the cases. He

does not know, unless the pus has been microscopically examined. If a careful microscopic examination and diagnosis is made and the infection is discovered to be streptococcic, the streptococci contained in the stock vaccine may be of a different character from those they are intended to combat. Inasmuch as there seems to be a strong accord among physicians as to the value of autogenous vaccine, and the contrary as to the question of the lack of the value of the stock vaccines, the former should be used. Two years ago, in Washington, Dr. Nagle, of Boston, reported a large number of cases of otorrhea treated by means of autogenous vaccines with marked beneficial results. The only cases reported at the Washington meeting of the American Laryngological, Rhinological and Otological Society, in which good results were reported by dependable people, were treated with autogenous vaccines, the reports on the value of stock vaccines all being negative. Consequently, I think that it was indelicate for us to permit such an exposure of the great value of the stock vaccine as seems to be indicated by the exhibition in an adjoining room.

Dr. Irwin H. Hance, Lakewood: One question upon which both surgeons and medical men will agree is that in a class of cases that used to be perfectly hopeless, so far as any results went, the use of the immune blood serum offered us to-day for study and consideration affords a prospect of success that we never had in the past. There are cases of hemophilia. As I remember, in years gone by we could not do anything for these cases. The contrast between that and the condition that I saw last winter is wonderful. A child with hemophilia, who would have bled to death but for the work of Dr. Welsh, of New York City, was saved by the injection of human blood-serum. The ease with which that was accomplished, the blood-serum being taken from the parents, brothers and sisters in New York City, and sent to the child at Naples (?), was remarkable. The result was that at the end of twenty-four hours you could see a change in the character of the bleeding in the child's nose. Though there was still some bleeding, it did not amount to much, and was checked by simple measures; whereas, in the beginning, the case was one in which vaccines and everything else that could be used showed no influence on the bleeding.

Dr. T. N. Gray, East Orange: I would just add, as a matter of interest in the line of the last speaker's remarks, that within recent years I have accomplished the same results in hemophilia and purpura by transfusion. The patients were transfused because they were in extremis from loss of blood.

Dr. Dickinson, closing the discussion: I have only one thing to say; and that is that in New York, New Jersey, and even Spring Lake, I see that educated men are mixing up serums and vaccines. Serums are serums, and not vaccines; and vaccine therapy is the topic before us. This wandering from the topic of the paper should not be indulged in. I refer to it merely because there are others who are going on calling vaccines serums, and serums vaccines; and it mixes you up and disgraces the treatment.

THE DOCTOR AND EUGENICS.*

By Thomas W. Harvey, M. D.,
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This subject should commend itself for study to the physician because of its intimate relation to every phase of his profession. It may be approached from two sides, one, that of pure science, and here the study is a very erudite one, but one which is becoming more and more firmly founded on a broad and rapidly gaining substructure of well observed facts which are already well correlated and held together by certain thoughtfully wrought out theories. These theories and facts are well worthy the study of scientific men, and they furnish great opportunity for original research and the collection of more facts and for the development of broad generalizations which may be applied to the betterment of mankind.

On the popular side of this subject we have need of the careful work of thoughtful and sane men to prevent its exploitation at the hands of those, whose erratic minds seem to revel in the mysteries of the half light with which science illumines many of the operations of nature. Here they delight to increase the optical illusions and strange contortions of truth that we find in the shadows of the porticos of discovery. Here we find disporting in ghoulish glee the sexual neuropath and those who, under the banner of reform, devote themselves to destructive criticism, forgetting that from reform two paths lead, one by way of radicalism and riot to ruin, and the other by way of self control and sanity to safety.

Eugenics broadly has to do with all measures that make for the improvement of conditions affecting the life of human beings. Race culture, the application of the laws of sanitation to the housing of people, clean streets, destruction of disease-carrying insects, suppression of dust nuisances, the supply of pure water, clean milk and wholesome food, the protection of workers from the effects of dangerous callings, the securing proper hours of labor for children and women, the limitation of preventable diseases, notification, quarantine and segregation.

It seems difficult in our country to create a proper idea of the value of human life. To one, whose early work in public sanitation began before we had a State Board of

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Health or any local boards that had any actual authority, or disposition to use the little that they had, the development of a public sentiment in favor of proper sanitary laws and their judicious enforcement has been painfully deliberate. Fifteen years ago the first fine was imposed in a New York court for spitting on the sidewalks, and it has taken until the present time for the authorities and the police to realize that the anti-spitting ordinances in our cities are really meant to be enforced. It took nearly a generation to make surgeons clean, it took even longer to make obstetricians and dentists appreciate their responsibility in the practice of their art. How much longer then will it take to make untrained legislators and municipal administrators come to a realization of the importance of absolute faithfulness to the details of their work, and how much longer to convince the average citizen of his responsibility to his neighbor in the matter of restricting the spread of disease, and of so conducting his life that every one else shall be able to keep well, and that the next generation may have its right to a healthy start in life and a healthy environment not curtailed by any act of his. When we have created such a public opinion then woman, instead of asking for suffrage, may demand successfully that before she gives herself in marriage she shall be certainly assured that she will not be exposed to infection, and that her children shall be born without the handicap of inherited disease.

Using the term in a narrower sense, Professor Barker says "Eugenics has for its object the prevention of the birth of the unfit and undesirable, and the improvement of the race by furthering the productivity of the fit and desirable by early marriages and by healthful rearing of children."

It goes without saying that every one is willing to consider himself "well born," more than that, is desirous of being considered so by others, and most of us have deep down in our hearts a feeling that we have had handed down to us from past generations something particularly and peculiarly fine which marks us as of "the family" and which makes for the development of the welfare of the human race; and this is true; one's descent is from so many widely separated sources that there cannot fail to be present some fragment of the germ plasm of some great and beneficient soul which, if properly nurtured and transmitted under favorable conditions to the next generation, will blossom out in coming time into full flower for the benefit of mankind, and which possesses the potentiality of infinite development.

The Jewish maiden of the house of Judah held within her heart the ever present thought that from her body might be born the Messiah, the hope and glory of her tribe.

This being so, how important for us as physicians to consider well those problems for the benefit of the race, which have to do with the transmission of those qualities of mind and body that offer the greatest possibilities for improvement. The past is beyond us; one cannot by taking thought add to one's stature, we read in holy writ; one cannot by taking thought remove the strain produced by unhappy mixtures in the past or caused by accidents of environment, starvation mental or physical, poisons, syphilitic or alcoholic; but one can study the tendencies of the present generation, and by proper cultivation improve and develope the virtuous and diminish the vicious; and by judicious mating strengthen the tendencies toward vigor and sanity and weaken those toward disease and crime.

That genial medical philosopher, Sir Thomas Browne, has said, "Bless not thyself that thou wast born in Athens, but among the multiplied acknowledgments, lift one hand up to heaven that thou wert born of honest parents, that thy modesty, humility and veracity lay in the same egg and came into the world with thee."

The gentle Autocrat of the Breakfast Table enumerated the generations that are necessary to develope a gentleman, and according to the Poet Herne, "A man should be very careful in the selection of his parents." This care evidently must be exercised very early in the history of the race, because it has been calculated that in the tenth generation a man may have, theoretically, 1,024 tenth great-grandparents.

It is well for us to study briefly the phenomena of inheritance so far as it is known. The mystery of the transmission of ancestral traits and peculiarities of form and character is one which, involving as it does the transmission of the unknowable vital spark, will ever present unsolvable problems. However, we have available a great mass of facts and some very important laws or principles which have been deduced from the study of these observations.

It is not within the scope of this paper to consider the discussion that has been interesting biologists since the publication of Darwin's researches concerning the possible

inheritance of acquired characteristics. We have learned, however, certain facts from the studies of the Abbott Gregor Mendel that give us a broad foundation for certain illuminating generalizations, and which are at present accepted by all biologists as true. These studies were made in the cloister garden at Brunn, where, among his plants, with painstaking patience, he collected a great array of facts regarding the phenomena of breeding true, of variations, and of reversions of type to the original ancestors. Based upon these observations he formulated the following three fundamental principles now universally called the Mendelean rules:

First. The principle of independent unit characters.

Second. The principle of the determiners of the germ plasm.

Third. The principle of the segregation of determiners.

First. All qualities or characteristics of organisms are distinct units that are inherited indefinitely; each individual is a mosaic of characteristics from many ancestors. Many of these characteristics will be present potentially even if there are no evidences of their presence, appearing again and again at intervals in succeeding generations. These characteristic units are inherited from two sources, the paternal and the maternal germ plasm, and any given individual may have a double portion from his parents, or a plus unit from one and a minus unit from the other.

Second. The principle of determiners in the germ plasm is that each unit character is represented in the germ by a molecule, or group of molecules called a determiner. These are the only things that are truly inherited. The corolary follows that related individuals have the same characteristics because developed out of the same germ plasm with the same determiners. A child resembles its father because they are made from the same stuff.

Third. The principle of the segregation of determiners in the germ states that characteristics do not blend. When a determiner of a characteristic is absent from the germ plasm of both parents, as proved by its absence from their bodies, it will be absent from their offspring. When the determiner of a characteristic is absent from the germ plasm of *one* parent, then the progeny of the offspring, that is the next generation, will show the evidences of this absence, part of the children having the characteristic, and part not having it.

Another interesting observation is that we may divide the cells of the body broadly into two kinds, the ordinary differentiated body cells and the cells of the germ plasm, the latter being the part that has to do with the development of the next generation. As one authority has said:

"It seems accurate to say that the reproductive cells which have the potentiality of becoming offspring never arise from differentiated body cells, whether they are recognizable as such, late or early, the germ cells are simply those cells which retain in all its integrity the complex definite and stable organization of the fertilized ovum from which the whole organism developes. They have the power of reproducing creatures, more or less like the parents just because they are continuous through an unspecialized cell lineage with the fertilized ovum from which the parental body arose. All the somatic cells are, of course, likewise the progeny of the fertilized ovum, but in their lineage there are differentiations and specializations. We imagine that in them the numerous potentialities in the fertilized ovum are distributed and allowed to express themselves. In the germ lineage they are kept concentrated and latent. In any case the germ cells in the reproductive organs are not actively functioning elements of the body; they are in a quite peculiar way apart from the general soma."

The new individual is produced by the unions of two cells, these cells are parts of the parental germ plasms, and he hands on, to form the next generation, the same kind of germ plasm that he has received from the last.

And so the soma, the body, dies while the germ passes on, carrying to the next generation part of the past, taking something from each parent cell, living a sort of immortal life if you will, being poisoned by alcohol or opium, or sepsis, or syphilis in one generation, being deformed by lack of proper pabulum in another, stunted by inadequate nurture in another, hampered by vicissitudes of environment in another, stimulated to progressive variation by happy combination with strong advancing strains, held back or stimulated to vicious variations by mixtures with degenerating stocks. Ever true to type, in one generation there will be introduced an influence that will strengthen a tendency or a susceptibility to the infection of special diseases such as phthisis or gout; in another the inheritance of resistance to such infections may be increased by fortunate mixture of strains to a point

where the germ will carry, with other potentialities, that of immunity to infection. Properly directed and protected by careful mating, it is reasonable to hope that it will be possible to develope by art the same immunity that has been developed by nature in certain races; as, for example, the lessened susceptibility to scarlet fever among the Japanese and to yellow fever among the Africans.

Professor J. A. Thompson has summed up the state of our knowledge as to the phenomena of heredity in the following words:

"We know that the germ-cells, and their nuclei more particularly, form the physical basis of inheritance; that there is a genetic continuity between the fertilized egg-cells which give rise to their offspring and those of their offspring; the fertilization implies an intimate and orderly union of two individualities, condensed and integrated for the time being in the ovum and spermatozoon; that the sperm acts as a liberating stimulus on the ovum as well as being the bearer of the paternal half of the inheritance and of a peculiar little body (centrosome), that plays an important part in the subsequent division of the fertilized egg-cell; that the mode of all development is by division of nuclei and the integration of the living matter into unit areas or cells, each presided over by a nucleus; that differentiation comes about very gradually, the obviously complex slowly arising out of the apparently simple; that paternal and maternal characteristics are distributed in exact equality by the nuclear or cellular divisions, and that the paternal and maternal contributions usually form the warp and woof of the web which we call the organism, and persist in the germ-cells thereof, though the expression or realization of the bi-parental heritage varies greatly in each individual case; that the parental heritages include ancestral contributions which may be expressed in development or may lie latent; that normal development implies an appropriate environment, and that, during the development there are subtle interactions between the growing organism and this environment and between the different constituents of the growing organism; that the development is in certain respects like the building-up of a mosaic out of many independently heritable and various parts, and that it is in other aspects the expression of an integrated unity with subtle correlations between the parts, and with remarkable regulative processes working toward an unconsciously predetermined end; that in a general way the individual development of organs progresses from stage to stage in a manner which suggests a recapitulation of the steps in racial evolution; that many items in the inheritance, presumed to be present because of their reexpression in subsequent generations may lie latent and find no realization in the individual development; that minute peculiarities of an ancestor may be handed on from generation to generation, although other peculiarities of that ancestor find no expression; that the offspring of two parents differing in regard to some well-defined character may all resemble one parent as regards that character; that the inbred offspring of these hybrids may have offspring divisible in two groups, the one group resembling the one ancestor and the other group the other ancestor; that in other cases the expressed inheritance seems as if it were a mosaic of ancestral contributions from parents, grandparents, great-grand parents in the diminishing geometrical ratio according to the remoteness of the ancestors."

Professor Barker describes the "individual as composed of what are called presences and absences of all possible ingredients" or determiners. The effect of these "presences and absences" has long been of interest to the physician. Watson quotes an aphorism of Boerhaave to the effect that tendency to a disease may skip a generation, and Watson himself details the lineage of a deaf-mute whose parents and grandparents were normal but whose great-grandfather, great-uncle and two aunts were deaf-mutes.

Dr. Pulsford has allowed me to use as an illustration the history of a certain unusual disease of the nervous system, pseudo-muscular hypertrophy, a disease characterized by muscular dystrophies and paralyses, that he has found appearing occasionally among the descendents of a certain Hannah Mulford, who had the disease, and who was born in 1778 of healthy parents. She had ten brothers and sisters who were healthy, but among the fifty-two children of these healthy people there were four cases of this disease which would indicate that the disease was present in the family before Hannah's birth. Hannah herself had thirteen children and three of these had the disease, she also had twenty-three grandchildren, two of whom had the disease, and one or two great-grandchildren had the same disease. In only one instance do we find it appearing in each generation

in a direct line. Hannah's son Ashbel, born 1806, and his son Elias, born 1837, and his grandson Joseph, born 1874, all were victims. Hannah's son John had nine children and twenty-three grandchildren who were healthy with the possible exception of one grandchild. Stephen, another son of Hannah's had eight healthy children and twenty-five healthy grandchildren.

Among the Italian families in Orange is one that presents an interesting study in hereditary disease. Unfortunately we have no history of the grandparents; the parents are healthy, hard-working people, with seven children; the first two reached adult life perfectly healthy and continue to be so. Four of the others have all been attacked, on reaching the age of six years, with the symptoms of a degenerative disease that has been called Friedreich's Ataxia and which the neurologists consider to be hereditary; the seventh child is still under six years of age, but is already showing early indications of the approach of the dreaded disease. As the children one after the other approach the fated age they begin to have an ataxic gait, this ataxia soon extends from the legs to the arms, later to the head and tongue and as the lesion of the cord extends upward we have loss of speech and progressive dementia; at ten the child is chair bound, at twelve it is helpless, and at fifteen it is an imbecile.

The practical application of these principles of heredity to race culture among humans presents an entirely different problem from that among animals or plants. But we are compelled to acknowledge the necessity for curbing those diseases that immediately affect propagation and that cause degeneration of the stock. Here is an unlimited field for improvement and a very urgent need for the proper training of those who are to carry on the vital spark to future generations. There being no stock farmer to train, it needs must be that we shall train the stock themselves.

It is evident that the habit of blindly going into the propagation of the species without knowledge of the hereditary tendencies or the personal blemishes, the physical or moral deformities of the mating pair, which is the custom to-day, will have to be changed completely. To accomplish these changes the following points must be considered:

First. The sterilization of the unfit.

Second. Certificates of health for those about to marry.

Third. Education in sex hygiene.

Fourth. Mating for the improvement of the race.

Fifth. The value of and necessity for removing the ban of professional secrecy regarding social diseases.

First. Already the State has taken up the sterilization of the unfit within a very limited class. This is an important beginning and time will undoubtedly see this class enlarged to include all degenerates and habitual criminals. Here we meet at once the difficult task of choosing the judges. In a world where it is impossible to have any two experts agree as to whether an individual is insane or not, it would be a difficult task to pick the proper subjects for such treatment, and sterilization is an asylum which has no doors swinging outward.

Second. The problem of certificates of health for those about to marry is a much more serious affair than appears upon the surface. They must be absolutely true to be of any value. It is not difficult to determine facts as to the organs of circulation and respiration; to a less degree this is true as to the digestive organs, but when we come to the reproductive organs the difficulty is very great. Every insurance examiner knows that this is so, every diagnostician knows also the difficulty of arriving at the truth even with the help of the patient. We also know that unless the giving of such certificates is to be surrounded by the greatest safeguards, in the hands of the ignorant, of the careless or of the venal examiner they immediately lose their value. Who is to guard us from such?

A public bureau that will be brutally matter-of-fact, that can afford to give these certificates to all comers without favor, and at a low price including physical, bacteriological and chemical examinations, even a Wassermann; such appears to be the only way to secure a certificate exact enough to be of any value at all. Is it probable that the flower of our land would submit themselves to such an experience? The celebrated advice of Punch to those contemplating matrimony "DON'T" would be acted upon even more than it is to-day, and yet women have a right to this knowledge.

Third. Education in sex hygiene. The modern movement for education in sex hygiene of school children in the public schools is one that should receive much more thoughtful consideration than is frequently given to it. To my mind there is no question that such teaching should not be given except by properly trained minds, not necessarily medically or religiously trained,

but by those who have had special training in child psychology. We must remember a few facts:

(a) That full knowledge as to consequences does not necessarily restrain from the danger of contracting social diseases. To prove this ask any professor of genito-urinary diseases as to their prevalence among medical students.

(b) Knowledge of barn yard biology does not give the youth of our agricultural districts pure ideas about the propagation of the species. Will the study of school-room biology accomplish any more?

(c) Sex knowledge is as much a part of animal nature as is hunger or thirst knowledge. It is an instinct and does not have to be taught.

(d) Untrained sex knowledge has no master but opportunity. Our daughters should be taught in sexual hygiene the same moral truths that we teach in other relations of life. Self-control and temperance, and the fact that not only does their own future happiness depend upon the perfect health of themselves and of their mates but also that their children's health and happiness will be determined by the same factors. Moreover, they should have the right to know that a given marriage shall be free from the danger of contracting disease, and that no woman should ever marry a man to reform him.

Fourth. Mating for the improvement of the race would seem the simplest of problems. There seems no reason why the joining of strong advancing strains even if quite closely consanguineous should not be for the advance of the race at large, but we must not forget that throughout nature we have the phenomena of the production of "Sports" as it would be called in plant culture, or "Geniuses," as we call it in human culture, and that these sports and geniuses are not the product of the highest development, are not the progeny of the most perfect specimens of their kind, but that they are frequently of lowly parentage and have sprung from defective and often neuropathic stocks.

Fifth. The value of and necessity for removing the ban of professional secrecy regarding social diseases. There is no doubt that in a large percentage of cases such concealment works for harm to many innocent individuals who have a right to full knowledge. The first effect of such action would be the driving of such patients from the care of honorable and truthful physicians to the care of liars and quacks and would expose the victims to the dangers of malpractice and blackmail. There seems to be no other way to-day than that the physician should have legal protection if he sees fit to violate professional secrecy in those instances where a plainly spoken word of warning as to the danger to others is unheeded.

Above all, it is necessary for us to make haste slowly in these matters, hoping for the time when by proper training we may succeed in developing a public opinion that will insist that future generations shall be safeguarded from the curse of degenerative disease, and that the propagation of the race shall not be a menace to the health or life of women.

It is the duty of physicians to take up these problems, to use their influence in training the thoughtless and ignorant in those habits of life that shall be conducive to the highest conditions of health, and to impress upon their patients the responsibility that is involved in assuming the role of ancestors.

DISCUSSION.

DR. DAVID F. WEEKS, Skillman: I do not know that I can add anything to what Dr. Harvey has said in his excellent paper, but would like to bring to the attention of the physicians the need for their co-operation with the Institution Field Workers, who are endeavoring to collect data bearing on the subject of defectiveness.

Our Field Workers are gathering important data. At Skillman, we have a record of twenty-five thousand relatives of our patients, six per cent. of whom are epileptics; of the little over nine thousand about whom enough is known for classification, nine per cent. are epileptics.

I feel that New Jersey is ahead of all the States in the Union in this important movement. At the rate that our records are being compiled, it will not be long before we can intelligently advise prospective brides and grooms of the "strain" into which they are proposing to marry.

I am glad that Dr. Harvey has given us an opportunity to think seriously about this subject. The matter of breeding for the betterment of our race, to which he has called attention, will be possible when we have proper data.

The passage of the law by the last Legislature requiring physicians to report all cases of feeble-mindedness and epilepsy should receive the support of the profession. The State has made provision for assistance in diagnosing those doubtful or borderland cases of feeble-mindedness by empowering the Commissioner of Charities and Corrections to send someone from one of the institutions to make the diagnosis.

With this census compiled, our Sterilization Board will be in a better position to intelligently carry on their work.

I have the confidence to believe that the work which we are doing in New Jersey along these

lines is laying the foundation for good citizenship and will be productive of much good.

Dr. Thomas N. Gray, East Orange: I believe that the chance to do anything in this generation for the betterment of the race in the line of eugenics, is practically nil. All that we can expect is to lay the foundation for future generations; and I believe that the place to start this work is in the home, where the child should receive proper education. It is all very well to have Sterilization and Government Boards for adult life; but what we want is children who, when they go from the home, are educated to know what leads to pure and clean progeny, just as the man who raises stock is educated to know what animals to put together in order to get good stock. There is no more reason why we should not train boys and girls at home, if we can get rid of false modesty. If the children then disregard this knowledge, they can come under the Sterilization Board if criminals, or Government Board if not, to see whether they are fit to marry or not. It is the duty of fathers and mothers to give them this education, so that they may protect themselves from future gonorrheal or syphilitic infection. The home is the place to do it. The person to start it is the physician. No one knows better what the results of an unclean life are than does the doctor. He has the gonorrheal and syphilitic patients coming to his office. He knows that when such a patient marries a girl who is clean that she and her children will be contaminated. He should carry to the home the absolute word of the society that the mothers and fathers sould teach the children that which they should know of sexual life; what its significance to themselves and future progeny; what its results if abused or illicitly used. Thus would they get their knowledge with no evil, whereas now the large majority of boys and girls acquire this knowledge from evil companions, with its alluring but vicious side emphasized.

Dr. W. W. Leszynsky, New York City: The high ideals of eugenics include so many collateral problems that it would be impracticable to discuss them all. I will merely touch upon that part of the subject relating to sexual problems. It has seemed to me, after careful investigation, that there has been much misdirected energy expended in the public exploitation of what is familiarly termed "The Sexual Question." The public instruction of adults and even children in regard to sexual matters is a comparatively recent innovation. The presentation of such information should be undertaken only in the most tactful and discriminating manner by specially trained physicians. It is unnecessary to teach more than can be properly assimilated. Whatever is taught, we must assure ourselves that it is not misunderstood. As a rule, the more thorough the elucidation the greater the misinterpretation. In the case of children, however, individualization is absolutely essential as a precautionary measure against psychosexual curiosity and its baneful results. Hence, such teaching is impracticable and inexpedient in the public classroom, and cannot be safely relegated to pedagogical routine. The awakening of the crude and undeveloped minds of young boys and girls by well-meant but unsuitable instruction in the physiology of human procreation and reproduction, has often resulted in sexual precocity and an ignorant or wilful disregard of social conventionalities both in conversation and manner. Furthermore, the imparting of such knowledge to children should be the prerogative of instructed parents whenever possible.

Finally, the State has taken cognizance of the seriousness of sexual problems. Thus, we have recent legislative enactment legalizing the sterilization of male criminals and defectives, for the purpose of preventing further propagation. By this operation, their potentia generandi is surgically obliterated, but their potentia cœundi is left unimpaired. It has, therefore, occurred to me that these individuals may ultimately form a peculiar class by themselves, creating a new type of public prostitute, with a demand for their innocuous sexual activity.

Dr. Charles A. Rosenwasser, Newark: There are a few problems which never will be solved, and this is one of them. We all agree that the prevention of the marriage of the unfit will to some extent help to improve the race, but from a practical standpoint but little real progress will be made in this direction, owing to the indisputable fact that marriage is absolutely unnecessary for propagation. We must remember that in attempting to harness the sexual instinct, we are dealing with the most powerful instinct possessed by man. All writers upon eugenics lay great stress upon education along sexual lines, as a vital factor in improving the race. But what shall we teach the public? The foremost thinkers of the day disagree upon these subjects. One brilliant scholar says that we should teach people how to limit the number of their offspring, and that by so doing we will make the greatest progress toward improving the race; another equally brilliant scholar says that this is criminal, and he is sustained by the law of the land. Suppose that we knew what to teach and did teach, how much would be gained thereby? The larger number of drug addicts I meet in my practice are doctors and nurses. Surely they know the baneful results of the indiscriminate use of narcotic drugs; they have been educated, and yet they fall, because the desire for stimulation and sedation is instinctive. Apparently we should not overestimate the value of education in controlling instincts.

Let us first solve the problem as to what constitutes normal sexuality before we attempt to instruct the public upon sexual matters. It sounds well to say that all men are born equal, but in practice we know that this statement does no hold good, and that what is normal for one man is not normal for another. This is the confusing feature of the problem and the factor which renders it well nigh insoluble. I do not believe that the human race ever was, or ever will be, any better, from the standpoint of eugenics, than it is to-day. Yet such papers as Dr. Harvey's should be read and discussed, but do not let us become intoxicated by the exuberance of our own enthusiasm.

Dr. George H. Balleray, Paterson: This subject is one of the greatest importance. Herbert Spencer said, "Man is the sum of his heredity plus his environment;" but the influence of heredity is often overlooked. We are disposed to look on environment as the great thing. I am strongly inclined to consider heredity as the

important thing. There is much less attention paid to the breeding of the human race than to that of hogs, and a man shows more prudence in buying a horse than in selecting a wife; and a woman, a great deal more interest in a new hat or gown than in the qualities of her future husband. That is all wrong. We should consider the importance of the influence of heredity, and endeavor to have marriages based on the principle that no one but the fit should be allowed to propagate the species. Some one says, How are you going to prevent an illegitimate propagation? Well, if we had laws making it compulsory that all candidates for the marriage state should undergo an examination and get a certificate, we should have a law making it a penal offense and providing a punishment for those who transgress this law. The illegitimate propagation would go on to a certain extent; but we could limit it among diseased people, if the unsexing of the individual were the punishment for this offense. That would deter those who are disposed to propagate the unfit from so doing.

I do not feel that there is much to be gained by the teaching of sexual hygiene, unless you limit the subject to having the future race of a proper type so far as physical health is concerned. What you want, however, is a sound mind in a sound body; and that can be obtained only by proper selection. If you propagate from the unfit, you cannot have much improvement. Breeders of cattle select the very best males and females, but the propagation of the human race has no safeguards; and the result is the number of degenerates on every hand. This society should put itself on record as opposed to the principle pursued by our government of opening our doors to the importation of the rabble and scum of Europe. There is no reason why America should be the breeding-ground of all the mentally and physically unfit. If we prohibit that, we shall have done a great deal.

Eugenics.

From the Journal of the Missouri State Medical Association, February, 1912.

The ne plus ultra of eugenics is not near at hand. Indeed, the realization of its horizon's breadth has just come to us. Eugenics is both sociologic and pathologic; it concerns itself with what a man was three generations ago as well as with what he is to-day; it scans the history of his antecedents with eagerness equal to the interest with which it listens to his own story. Nothing that affects man is without value to the eugenist; nothing is impertinent.

As the interest in the subject quickens there comes a gleam of hope, faint gleam though it now be, that perhaps from out of this intimate contemplation of the fathers and mothers of the next generation may evolve a solution for certain of the perplexities that embarrass us to-day—the appalling pauperisms, the mental and moral teratologies that crowd everywhere on our sight and consciousness.

Within recent years eugenics has broadened vastly and assumed proportions that bespeak its fitness to grapple with the questions of the time. Eugenics will yet be called on to speak a word as to the laws and statutes, but that time is not yet. In the interim let those whose interest is with it beset themselves with still greater zeal to the tasks that confront this new study.

PROLAPSUS UTERI AND ITS OPERATIVE TREATMENT.

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The object of this paper is primarily the discussion of a new operation for the cure of prolapsus uteri of either mild or severe degree, in certain selected cases. The field of this operation is limited exclusively to those cases in which the menopause has been reached, and in which there are no pelvic adhesions, and the uterus can, by manipulation, be moved up as far as the umbilicus or near it.

In order to properly appreciate the merits of this new surgical procedure, it is essential that we review some of the most important factors in the mechanism of prolapse. Normally the uterus is a freely movable body, which is continually changing its position in accordance with physiological requirements. It will rise and fall with the respiratory movements, it will be tilted upward by a distended bladder, a distended rectum, by pressing against the cervix, will force the body of the uterus upward and backward.

The uterine position is physiological anywhere from the almost vertical to the horizontal as long as the body of the uterus is inclined anteriorly. The functional integrity of the uterus absolutely depends upon its free motility within physiological limits. As soon as the uterus is fixed, either as a result of infiammatory adhesions or operative interference, even if its position remain apparently normal, it becomes pathological and loses its essential faculty of accommodation. This is the reason why the operations for ventral suspension or ventral fixation have proved so disastrous in women during their child-bearing period.

Normally the level of the fundus uteri is slightly above the brim of the pelvis. The pelvic ligaments, the sound pelvic floor and the intra-abdominal pressure, if directed against the posterior surface of the uterus, are the main elements that make up the cardinal uterine support. Some authors speak of the "retentive or suction power of the abdomen," as a fourth element, but to me this seems rather a metaphysical than physical conception.

The eight uterine ligaments, namely, vesico-uterine, the recto-uterine, the broad and the round, are not properly suspensory

in their nature, inasmuch as they are not inserted at a level any higher than their uterine attachments; in fact, the insertion of the round ligaments is even at a considerably lower level. These ligaments, while retaining some of their primitive suspensory power, mainly act as guy ropes, but in conjunction with the other two abovementioned elements, seem to be all that may be desired for holding the uterus where it normally belongs. While the integrity of all these factors is absolutely essential in maintaining the equipoise of the pelvic organs, they differ in importance so far as procidentia is concerned.

There are innumerable cases in which the pelvic floor has been practically destroyed by difficult parturition, but the uterus remains in normal position and the patients experience no apparent discomfort. On the other hand, cases of uterine prolapse with pelvic floor intact are of no rare occurrence.

Very recently I had occasion to operate for prolapsus uteri in a nulliparous woman in whom the pelvic floor was normally developed and sound. This would lead me to believe that the pelvic floor is not of paramount significance as a uterine support and that perineal lacerations alone without the co-operation of concomitant pathological conditions within the abdomen would not be adequate in causing descent of the uterus.

In the last analysis the pelvic floor does not directly support the uterus and its appendages; it supports them indirectly by holding the rectum and bladder in their respective normal positions: for it is the rectocele and cystocele, the usual results of a badly injured perineum, which by constant dragging upon the uterus become a material aid in the formation of uterine prolapse.

No matter how severely the perineum is torn, the immediate effect is not evidenced by any sudden change in the position of the uterus. It takes months or years before the resultant cystocele and rectocele manifest their influence in uterine displacement.

To quote Goffe, of New York, on this point, he says: "The function of the floor of the pelvis is to fill in anatomical space, and to assist in parturition and defecation by lifting the perineum over the head of the fetus in one instance and over the fecal matter in the other." And still further he says: "I still insist that when the uterus and bladder are in normal position, the pelvic floor exercises no influence whatever in their support.

The most important factor in the causation of uterine prolapse is unquestionably the force of intra-abdominal pressure. The intra-abdominal pressure is a power for good or evil. If directed against the posterior aspect of the uterus it plays the chief role in maintaining it and its adnexa in their normal relation to the pelvic brim, but if directed against the anterior aspect of the same organ the effect is diametrically opposite, the displacement of the uterus out of its normal plane becomes inevitable and sooner or later it is found outside the pelvic cavity forming the outer coat of a pelvic hernia.

The ligaments, because of their anatomical relations and the upright position of the human female, are only mildly suspensory. The few muscle-fibres and fibrous bands within them are unable to withstand the constant and persistent pressure from above. They stretch and soon degenerate and permit the uterus to gravitate unimpeded.

The pelvic floor even if intact and normal in its development, never serves as a barrier to procidentia, for as soon as the long axis of the uterus gets in line with the long axis of the vaginal canal, the avenue of descent is absolutely free and there is nothing to hinder the uterus in completing its downward course.

Misdirected intra-abdominal pressure, therefore, is, in my opinion, the main and primary factor in procidentia.

In trying to effect a cure for this annoying and serious malady, the surgeon must, above everything else, take cognizance of the chief cause of the condition he is about to correct. His aim should be to either entirely eliminate direct pressure upon the uterus or so place it that only its posterior surface should bear the brunt of intra-abdominal tension. The various hysteropexies that have been devised are valid only in proportion to the degree of antero-position that the uterus is given. In all operations in which the round ligaments are attached to the anterior abdominal wall, the uterus is pressed upon from its summit and ultimately these ligaments are stretched and retro-position is effected, which in due time defeats the object of the operation. If the uterus itself is fixed to the abdominal wall, its new position is often more detrimental to the life and health of the patient than the one for which the ventro-fixation was performed.

Of all the round ligament operations, the Webster appeals to me most. It pulls the

uterine fundus forward, placing it in extreme ante-position, while its inherent motility and power of accommodation are left undisturbed. Unfortunately, the ideal operation for procidentia or even retro-position, which may be looked upon as the first degree of prolapse in women during the child-bearing period is still to come.

No matter what operation of those at present known is practised, the recurrences are numerous and the surgeon often becomes disheartened and discouraged at his inability to cure one of the commonest disorders he is called upon to treat.

We have been more fortunate, however, in the treatment of procidentia in those who have passed the child-bearing period. Numerous operations have been recommended, all more or less successful. As in this class of cases the physiological function of the uterus ceases to be an element of consideration, its anatomical position or even its very presence becomes a matter of no importance and the surgeon is allowed greater latitude in his operative treatment. He may either extirpate the uterus entirely, or fix it in some position from which it is not likely to recede.

It would be too tedious, and outside the scope of this paper, to go into the detailed description of all the operative measures, that are being utilized in the cure of procidentia. Suffice it to say that all of them include the repair of both the pubic and sacral segments of the lacerated perineum; nearly all of them include the amputation of the large and œdematous cervix, and some form of fixation of the uterus is invariably one of the steps.

These multiple operations are necessarily prolonged, taking from one to two hours in the hands of even the most skillful surgeon, involve a great amount of shock to the patient and the results are frequently far from being satisfactory. In all these methods the most prominent factor in uterine descent—the intra-abdominal pressure is left undisturbed and free to exercise its irresistible force upon the fixed or suspended uterus and its artificial attachments; these attachments do not always prevail and we have a recurrence of the old condition with its accompanying symptomatology.

The records of no surgeon, no matter how great his skill and dexterity may be, are free from failures, which in the majority of cases are due to the inapplicability of the method employed. With the operation that I am about to describe a recurrence does not seem possible.

If the dictum that "the first essential in the treatment and the cure of a disease is the removal of its cause," be a true one, this operation is the most logical of all the operative measures that have so far been devised in the effort to overcome procidentia. This is the only method in which the essential factor of prolapse is not lost sight of and not ignored. It places the uterus outside the pale of intra-abdominal tension by making it an extra-abdominal organ.

The operation of Dr. Harris, which is very aptly named "Intramural Sequestration," makes the uterus an integral part of the anterior abdominal wall and the tension within the abdomen instead of being an impediment to the ultimate good result in the old operations, becomes an ally in holding the uterus in the position given to it in this new operative procedure.

The intra-abdominal tension presses with equal force in all directions: the uterus now a part of the abdominal wall—its new attachments are not called upon to resist the weight of the abdominal contents and are actually and materially strengthened by the unremitting pressure from within.

The steps of the operation are as follows: The median incision is made as in any laparotomy, but is carried high up as near the umbilicus as possible. The uterus is pulled up by volsellum forceps, and is held out of the wound at its lower angle by an assistant. The peritoneum is sewed up by continuous catgut suture as far down as the held-out uterus will permit. The uterus is then pulled up to the upper angle of the wound and anchored to the fascia by two or three mattress sutures, taken at either side of the incision. The sutures are then tied on either side as they emerge from the fascia about half an inch from its cut edge. The fascia is brought together by running sutures, including the accessible musculature of the uterus.

Chromic catgut should be used for the fascia and the anchor stitches. The skin edges are approximated by continuous catgut sutures and the operation is completed. Dr. Harris has added another step by using his intramural twin drainage, but I am not familiar with this drainrge system and have not employed it in my cases. I see no good reason why these cases should be drained at all.

The operation is simplicity itself; it can be performed within twenty-five minutes and in expert hands probably in a shorter time; the element of time per se, while not of paramount importance, is still worthy of

consideration. The patients are not shocked, as very little handling of the parts is involved. As a rule the rectocele and cystocele when present need not be operated upon unless they are extremely severe. In pulling up the uterus as high as is done in this operation, the rectum and bladder are moved up to a considerable extent through their uterine attachments, which renders the routine perineorrhaphy and anterior corlporrhaphy unnecessary and superfluous.

My experience with intramural sequestration is rather limited. I had the opportunity of operating on only four cases. All four were so similar that it is not essential to give their histories separately. It would be like repeating the same history four times. The patients were all between fifty and sixty years of age, all multipara, all had complete prolapse, the uterus hanging out of the vagina. They all had rectocele and cystocele of varying degree. The general physical condition was materially impaired by this long-standing disease. They complained of the same train of symptoms, characteristic of procidentia—bearing-down pains, backache, weakness in lower limbs, constant feeling of being tired, headache and irritability. All four were operated by the Harris method. The pelvic floor was repaired in only one out of the four cases. The vaginal walls were so thickened and elongated, the prolapse of the rectum and bladder so great that repair of the floor was strongly indicated.

The recoveries were uneventful, all were out of bed in fourteen days and home in twenty-one days. These cases are now over two years old, and have been under my close observation. They complain of no sensation of dragging or of any of the pre-operative discomfort. They perform their household duties as well women, and after years of invalidism they have to all appearances returned to perfect health.

On examination, the uterus can be easily palpated within the abdominal wall and in the same position in which it was left on the day of the operation.

Some have criticised this method without having either tried it or seen it demonstrated, or watched its after results, but, in this it shares the fate of all new operations. I am convinced, however, that any surgeon who will perform this operation for the first time on a properly selected case will become a convert and together with me will proclaim it an important contribution to the surgery of the abdomen.

In conclusion I will say that the simplicity of its operative technique, the facility, ease and rapidity with which it can be performed, the usual absence of shock, the uniformly good results obtained, give the operation for intramural sequestration advantages that no other operation for procidentia possesses.

ACUTE ANTERIOR POLIOMYELITIS.*

By Charles M. Williams, M. D.,
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A disease of the efferent motor tract, poliomyelitis anterior is a disease the result of inflammation of the cornua anteriora of the gray matter of the spinal cord. Infantile paralysis of children. The onset is very sudden, and the recovery rare.

This disease was formerly believed to be due to an acute inflammation of the cells of the ventral horns, dependent upon the sedative action of the poison for these cells and would on this theory have properly been classed as a system disease, of the lower motor neurones. Later investigation and observation indicate that the distribution of the inflammation depends upon the blood supply, and possibly that thrombotic or an embolotic process may act as the exciting cause of the inflammation (Osler). It occurs most common during the first three years of life and is characterized by fever, loss of power in certain muscles, and rapid atrophy of the muscles involved.

Etiology—The cause of the disease is unknown, it has been attributed to cold, dentition, and to over-exertion, and to irritation of the nerves of the stomach, it was formerly thought to be due to the child having a fall, or traumatism, due to careless handling, but this theory has been discarded, in fact the great proportion of cases occur in children in the prime of health. It occurs mostly during the warm months; it is a summer disease. Boys are more liable to be affected than girls; it occurs in epidemic form generally; it has been known to attack two children in the same family within a few days.

One of the most remarkable epidemics occurred in Rutland, Vt., in which 119 cases were reported. Within the past two years there have been epidemics in several localities in this State and our neighboring State, Pennsylvania, namely, in Catasauqua and

*Read before the Warren County Medical Society.

Allentown, and a very severe epidemic occurred at Springfield, Mass., with sporadic cases in many diversified localities, attended with more or less severe symptoms. The cases at Allentown and Catasauqua have been under the personal investigation of Dr. Flexner, of the Rockafeller Foundation; Dr. Charles K. Mills, of Philadelphia, and many other noted neurologists. Dr. Mills made a personal investigation of the cases in Pennsylvania, and visited the various places of infection, and investigated, in person, the surroundings, soil and drainage and environments.

The disease is ushered in by a prodromal stage of malaise, lassitude and slight febrile manifestations, as vomiting, restlessness, headache and pains in the back and limbs. In fact, the symptoms are so slight as not to warrant the recognition of the gravity of the disease and may be overlooked for a number of hours, and the first indication we have that we are dealing with so dreadful a malady, is the remark of the patient of the inability to use the limbs or walk. The first case in a community might easily be mistaken for an attack of rheumatism, or some trauma, but after the investigation has been more completely made, the diagnosis is clear and the disease generally is easily differentiated.

The disease generally is unilateral and affects one or both legs, generally one, sometimes an arm, and occasionally the thoracic muscles, in which form it is always most fatal, preventing respiration and impeding circulation.

I will herewith append the statistics, as given by the United States Public Health and Hospital Marine Service report, May 1st, 1912, that you may see that the disease in its severe form is not so virulent as in the past:

"The wave of infantile paralysis which has been sweeping over the North American continent for the last two years is apparently subsiding, according to figures collected for the Surgeon-General by the Public Health and Marine Hospital Service. Every State and Territory in the Union has been visited by the disease, even Alaska, whence it crossed the Bering Strait to Siberia, and is now traveling through Siberia.

"The mortality has ranged from 3.1 per hundred cases in the District of Columbia, to 13.9 per hundred cases in Vermont. During 1910 the greatest prevalence of the disease was in Iowa, Massachusetts, Minnesota, New York and Pennsylvania. During 1911 the greatest prevalence was in Illinois, Indiana, Iowa, Massachusetts, Minnesota, New York, Pennsylvania and Wisconsin.

"Here is a comparative table of deaths in certain States; the number in each State in 1910 is given in parentheses:

"California, 11 (9); District of Columbia, 2 (16); Illinois, 34 (42); Indiana, 62 (29); Iowa, 34 (161); Maryland, 18 (28); Massachusetts, 23 (54); Michigan, 18 (14); Minnesota, 55 (69); New York, 48 (60); Oregon, 13 (24); Pennsylvania, 44 (188); Virginia, 13 (2); Washington, 16 (49); Wisconsin, 26 (27).

"The total of deaths in 1911 from infantile paralysis was 450, as against 950 in 1910; and the total of cases in 1911 was 1,931, as against 5,861 in 1910."

The disease is rarely known in the adolescent, although it occurs in some cases. It was at one time thought that the hygienic surroundings had some influence upon the disease, but that has been proven to be not well founded. It occurs in the families of the wealthy as well as the poverty stricken, and has no respect for caste or creed, rich or poor. After a period of ten days or two weeks there may be noticed a marked atrophy of the affected part which gradually increases, impairing the function of the member in proportion to the decrease of muscular tone, and comparative measurement. Some cases recover spontaneously, and after a period of some four or five weeks has lapsed, make a complete recovery and have shown no tendency to recurrence.

Climate and Season—It is a disease of the temperate zone and is always met with in the hot summer months, never in the frigid zone nor in the winter or cold months of the year.

Prophylaxis—There is no doubt in my mind that sunshine and ventilation, with fresh air, and plain nutritious food is required to invigorate all healthy children; therefore, in my opinion, the above is the best prophylaxis that we have to ward off this dreaded disease, with an occasional bath in artificial sea water solution to keep the peripheral nerves in a healthy tone.

Treatment—I am sorry to observe that a disease of the direful deforming, incapacitating for earning a livelihood and preventing one from being a useful member of society, should have no specific cure, but the day I hope is not far distant when there may be isolated the micro-organism and the approved toxin found that it may be combatted with a potent serum, and that thereby another victory will be achieved. I am pleased to relate that in the first volume of

the International Clinics for 1912, which I have just received, announce that Dr. Flexner has produced and established the value of two more serums that reduce the mortality by a large percentage, so much for going back to the monkey from whom some think we originally came. Page 287, Progress of Medicine, during 1911.

The same good results have been achieved in diphtheria, tetanus and kindred diseases, and the day I hope is now dawning when the attending physician, instead of having to say, "My hands are tied," will say, "I will try the serum, which, I know, will prove successful."

In the interval, until our desire is realized, we will have to content ourselves with the empirical treatment now in vogue and treat the diseases symptomatically and scientifically. I commend to you Formin in proportionate doses, as advocated by Dr. Charles K. Mills, as it has been found to possess the power of penetration into the cerebral spinal fluid after proper dosage, and may thereby act as an antiseptic to the parts affected, and hasten a cure. I personally advocate the iodides—as the iodide of soda and the syrup of iodide of iron. External use of massage in the form of vibration, of slow tension, or the mild Faradic current after the convalescent period approaches.

The educational methods of walking should be practised, the child having been first fitted with the proper walking apparatus, braces, etc. I append here the pictures of five cases that have been under my care, at the beginning of the attack and they will show the hopeless condition that some of them have been left in and the easy prey of the anxious parent—falling into the hands of the charlatan and quack and some "if you had only come to me sooner" regulars who get their hard-earned pittances, and make promises which never materialize, and the patient eventually drifts back to the family physician, to sympathize or rejoice with the improvement that God deals to his patients.

Acid Intoxication vs. Intestinal Obstruction.

The only condition likely to be mistaken for intestinal obstruction, in which operation will lead to disaster, is the acid intoxication of children. In this there is persistent vomiting, but there is a marked absence of pain, a tendency to drowsiness, and a sweet smell in the breath which should serve as warnings, which will be confirmed if the acetone bodies are found in the urine.—E. W. Hey, in The Bristol Medico-Chirurgical Journal.

Clinical Reports.

Optic Neuritis Following Measles.

Dr. Milton Griscom, at a recent meeting of the Wills Hospital Ophthalmic Society, read a paper and reported a case treated by him at the hospital. The patient, a girl of 8, became blind during her convalescence from a mild and uncomplicated attack of measles. Upon examination the right eye was found to be totally blind and the left retained light perception only. Both eyes showed a very marked degre of optic neuritis. Under active catharsis and diaphoresis, together with the internal administration of Donovan's solution and thyroid extract, the vision improved rapidly. In about six weeks the neuritis had completely subsided, leaving the disks very pale and apparently atrophic. The patient was then put on strychnin nitrate and negative galvanism. This was continued for five months, at the end of which time vision in each eye was normal, and the visual fields showed no contraction for form or color.

Typhoid Germs 38 Years in the Body.

At the Gesellschaft der Arzte, in Vienna, Austria, Clairmont presented a female patient, aged forty-nine, from Eiselberg's wards, who had typhoid fever when she was eleven years of age of a severe type. After recovery or in the convalescent stage she took on a form of cholelithiasis, cholecystitis, and peri cholecystitis, with finally complete closure, that brought her to hospital. The operation revealed a large tumor the size of a large hen's egg, hard and thickened with an old chronic inflammation of the wall of the gall bladder, which was adherent to the anterior wall of the abdomen, colon and stomach. The mucoid gall contents of the thickened bladder contained the typhoid bacilli, from which pure cultures were obtained. In this case she had carried the typhoid bacilli about with her thirty-eight years.—The Medical Press and Circular, London.

A Large Appendix.

The following appears in a paper by Dr. W. F. Howard, of Pocatello, Idaho, published in Northwest Medicine, on "Some Case Reports:"

Patient, Wm. G., age 18, history of repeated attacks of pain in abdomen and vomiting since age of 14 years. Attack in January, 1911, operation refused. I was called again March 15, and found him to have a more severe attack and that he had been sick two days previously; pain, tenderness, rigidity, vomiting, temperature 101 degrees, pulse 120. Operation refused and expectant treatment administered, which brought expected results and on March 17 the appendix was removed. It was 5 inches long, 3½ inches in circumference near the distended apex, 1½ inches near middle where there was a tortion and constriction and still smaller, 1 inch in circumference at base. It occupied the usual site of appendices, had a mesentery, and examination showed that it had not the location nor anatomy of a diverticulum. The walls were very thick and the distal portion was filled with thick, purulent liquid matter. The wound was closed without drainage and the patient walked out of the hospital on the tenth day.

Menstruation Without Ovaries.

Dr. Palmer Findley, Omaha, reported the following at the meeting of the American Gynecological Society, Baltimore: A woman had both ovaries removed; menstruation recurred at regular twenty-eight-day periods for one year and a half, at which time I opened the abdominal cavity and resected an adherent omentum from the fundus of the uterus and broke up numerous pelvic adhesions. I was unable to find any trace of ovarian tissue. Seven months have intervened since this operation, and the patient continues to menstruate at regular intervals of twenty-eight days, and in the usual amount. I am inclined to believe that there exist some undiscovered portions of ovarian tissue.

Child Bearing Without Menstruation.

Dr. O. F. Blankingship (J. A. M. A., Feb. 24) reports the case of a woman who has had three children but has never had the least sign of menstruation at any time. She was married at the age of thirteen and at that time weighed 180 pounds. The first child was born ten months after marriage. The patient has a sister who has been married three times and had eight children without ever having menstruated. The mother and two other sisters are normal.

Complete Prolapse of Uterus and Vagina.

Reported by Dr. J. A. McGlinn, at a meeting of the Philadelphia Obstetrical Society:

Mrs. E. L. consulted me on account of a complete prolapse of the uterus and vagina. The prolapse was the largest I have ever seen and prevented the woman absolutely from walking. She gave the following history:

Age seventy-four years. She had been active up until two years ago, when she noticed that she had a mass protruding from the vagina. This became progressively larger. At the same time she noticed that her abdomen was enlarging, but paid no attention to this as she thought it was simply a relaxation of the abdominal wall due to her advanced years. Her general condition was not good, and operation was not urged. The chances of success and the dangers of the operation were presented to her and to her family, and they elected to take the chances of operation. She was operated upon at St. Agnes Hospital, September 18, 1911. A median abdominal incision was made and the cyst punctured with a trocar. The contents of the cyst were thick and gelatinous and would not run through the trocar. An incision was then made in the cyst, but the contained cysts were so numerous and small that the large cyst could not be evacuated except by prolonging the operation unduly. A large incision was then made in the abdominal wall and the entire cyst lifted out of the abdomen. The pedicle was tied and the tumor removed. It weighed sixty pounds. An intramural fixation of the uterus was then made, high enough on the abdominal wall to take all the slack out of the vagina. The abdomen was then closed in the usual manner.

This patient made a good recovery and except for a slight cystocele, is entirely well. No plastic work was done on the vagina, as I did not consider the condition of the patient good enough to warrant the prolonged anesthesia.

Reports of Medical Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The Atlantic County Medical Society will not hold any more regular meetings until September.

The session of the American Medical Association, which was held in Atlantic City the first week of June, caused considerable work for the members of our society, but the success of the meeting and the opportunities afforded us for listening to so many instructive papers was ample compensation for all our efforts. About thirty-six hundred physicians were registered, which shows a decided gain over the registration of three years ago.

Dr. D. J. Milton Miller, of Atlantic City, was elected vice-president of the Section on Pediatrics.

Supreme Court Justice Kalisch has appointed a commission for the extermination of mosquitoes in New Jersey. The members of this commission from Atlantic County are Drs. W. E. Darnall, W. M. Pollard, C. E. Garrabrant, Clyde M. Fish and E. Guion.

Atlantic County was very well represented at the annual meeting of the State Society at Spring Lake. Those present were Drs. W. B. Stewart, W. E. Darnall, E. Guion, E. H. Harvey, H. T. Harvey, Samuel Barbash, Milton Ireland, Philip Marvel, Emery Marvel, Byron Davis and Walt P. Conaway.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The regular quarterly meeting of the Morris County Medical Society was held in the Royal Arcanum rooms in Morristown, on Tuesday, June 18, 1912, at 12 o'clock noon. The president, Dr. Gustav Becker, was in the chair. Dr. T. N. Gray, secretary New Jersey Medical Society, and Dr. C. C. Beling, councilor of the First District, were present. Dr. E. Blair Sutphen applied for membership by transfer from the Essex County Medical Society, and was unanimously elected. Dr. Harry Vaughn preseinted a case of papilloma of the inferior turbinate bone. He showed the tumor attached to a small piece of bone which he had removed and also the patient, to let those present see the result of the operation. The symptoms complained of were tinnitus, deafness and nasal stenosis, all of which were relieved after the removal of the papilloma.

The reporter gave a brief account of the transactions of the House of Delegates of the Medical Society of New Jersey, at Spring Lake. Dr. James Douglas spoke of the meeting of secretaries and treasurers, of which he is now president, and Dr. T. N. Gray spoke as to the advisability of changing the annual meeting of the county society from its present time in March to September, and a resolution to take action on this matter at the next meeting was introduced. Dr. Gray also made an appeal for new members to enlarge the State Society during the coming year and gave a short summary of the benefits attached to such membership. Dr. James Douglas reported a case of psoas abscess with necrosis of the spine which, owing to lack of localizing symptoms, was not diagnosed until the patient's condition made an op-

eration unwise. The patient was ill eleven days but only had fever during the last two days. There was also pain in the bladder and in the right side of the abdomen with increased leucocytosis pointing to a toxemia. Dr. Ryerson spoke of the epochs of fever during the past one hundred years, saying that they fell into periods of twenty years' duration where malaria, typhoid and in one instance influenza were most frequently seen and the other fevers mentioned very rare in a given period. Owing to a misunderstanding the essayist was not present. Dr. F. H. Glazebrook, of Morristown, by request, read a paper entitled "A Discussion of Present-Day Principles of Infant Feeding." This was read before the New Jersey Pediatric Society at Spring Lake, June 10, 1912, and has been sent to the Journal of the New Jersey Medical Society for publication. The doctor referred first to the fact that mothers' milk was the only proper food for infants as it was impossible to humanize cows' milk, and that improper food interfered with the child's metabolism. Children differed from adults as regards the nitrogen balance. If the balance was just even in children, they were not receiving sufficient nitrogen as growing organisms needed to retain nitrogen. Sugar will not take the place of proteids but tends to their preservation in the system. The doctor then stated that for some years he had been boiling milk for children who did not digest their food properly and found that the curds were softer and much more easily digested. If the milk was boiled with a cereal it was more easily assimilated by a feeble infant. It was often because of too much fat in the food that the child vomited. The fat was the last of the constituents of milk to be digested and should in all difficult cases of infant feeding be cut down in quantity. The doctor referred to the method used by those who felt that the milk sugar was the irritant to digestion, who removed the milk sugar and added buttermilk to avoid intestinal putrefaction and endogenous infections but said that most pediatrists now felt that the proteid and fat were as much at fault as the sugar. The cereals most used in preparation of infants' food were barley, oats, wheat and rice. The doctor felt that as a rule barley was to to be preferred, but in some cases the others were indicated. He then stated that in many cases of marasmus which came to autopsy, the thymic gland was atrophied to a marked degree and powdered gland had been fed to atrophic infants with beneficial results.

The paper was closed with remarks on the ability of young infants to digest and assimilate with good results some starch and the statement that all patients must be studied individually because no book or set of rules would cover every condition.

The next meeting will be held at Morristown the second Tuesday in September.

The Morristown Clinical Club met at the house of Dr. E. B. Sutphen on the evening of June 26, 1912. The chairman of the evening was Dr. H. A. Henriques. Dr. George H. Lathrope was unanimously re-elected secretary for the ensuing year. The host read a paper on "Acute Otitis Media." After reviewing the anatomy of the middle ear, the doctor spoke of the etiology, pathology, symptomatology, diagnosis, treatment and prophylaxis of middle ear disease. He said that he did not feel that he could give more than a review of recent ideas and had nothing new to say regarding the disease or its prevention. He referred to the fact that most cases were not dangerous if correctly treated; that very few if attended properly and along correct lines went on to chronic conditions or left the patient deaf and that only about two per cent. subsequently suffered from mastoiditis. All cases were due to bactericidal infection and the most serious were due to streptococci while the lingering cases were often caused by pneumococci.

The discussion was general, emphasizing the facts already mentioned by the doctor that many cases of acute otitis media followed a gastro-intestinal crisis. It was thought possible that in all patients with a rise of temperature where no cause was definitely found a careful aural examination should be part of the regular routine especially in children and in those whose naso-pharynx showed any signs of congestion. The otologists present said that often the mere fact of a bulging tympanic membrane was not of itself a sufficient indication for perforating the drum but that other symptoms were also necessary before surgical measures were called for.

UNION COUNTY.

George Knauer, M. D., Reporter.

The Union County Medical Society held its regular meeting on the evening of July 10th, 8:30 o'clock, at the Elks' Club House, Elizabeth, Dr. Charles Schlichter, president, in the chair.

The executive business of the meeting was quickly dispensed with.

Dr. Henry Paul Dengler, of Springfield, and Dr. Leo E. Troomess, of Elizabeth, were elected members of the society.

Dr. James Hanrahan, of Elizabeth, was proposed for membership.

The remainder of the evening was made semi-public. A large number of ladies who were interested in the matter of pure milk were present. An interesting program arranged by the milk commission of the society was given, as follows:

Dr. Godfrey R. Pisek, of New York City, spoke on the "Reduction of Infant Mortality in New York and of the work of the New York Milk Committee, with lantern demonstrations. Dr. Pisek gave some interesting figures on the fight against infant mortality in New York, and stated that it cost the city $50 to bury a poor baby, but only $1.90 a month to take care of a baby properly at a milk station. He said that $72,000 was raised in New York for the work of the milk-stations last summer and that 7,719 babies were enrolled during the summer for treatment.

Dr. Julius Levy, of Newark, spoke on the "Relation of Scientific Artificial Feeding to Infant mortality," illustrating by lantern slides. Dr. Levy declared that the infant mortality of Elizabeth was far too great. He spoke of the importance of nurses teaching mothers how to feed their children by artificial methods, and added that a campaign of education was necessary nowadays if it was hoped to save the lives of babies, particularly during the hot weather.

Dr. Thomas N. Gray, of East Orange, spoke on "Theories of Artificial Feeding." Dr. Gray made a strong plea for the systematic and frequent inspection. He asked, "What can be ex-

pected when the State Board of Health makes only two inspections of a dairy in a year?"

He criticised some pet theories in artificial feeding and did not believe in putting too much reliance on formulæ in books. "It is a very difficult thing to try and demonstrate to you how a child should be fed as they are all different and only a study of the individual child can tell one how that infant should be fed," he said.

"The milk side of infant mortality," he said, "is only the small side. Every child is a ward of the State, and the State should look after the welfare of the child." He spoke in favor of a law that would compel railroad companies, in transporting milk, to keep it at a temperature of not higher than 55 degrees. The municipalities," he went on, "should provide ice for every poor family. We should have more public parks —breathing spaces where we can take our children."

Dr. Francis H. Glazebrook, of Morristown, gave a very interesting account of the Speedwell Organization Work, in "farming out" babies and young children in good homes when they could not be properly cared for in their own homes or had no home. He showed several photographs of children and of the homes in which they were being cared for, and the excellent results obtained.

Mr. John H. Hankinson, manager of the Raritan Valley Farms, Somerville, spoke on the "Business Side of Modern Artificial Feeding," illustrated by photographs.

Mr. Hankinson stated that while there were about 200 quarts of certified milk sold daily in Elizabeth, with a bacteria count of less than 10,000 per cubic centimetre, the rest of the milk used, especially by the poor, might run as high in bacteria as 200,000. He said that the dealer in certified milk had to sell it at a higher rate than common impure milk because of the cost of production and of delivery. He also stated that there were more than fifty per cent. of the concerns producing certified milk who were not making any money because the general public was not educated up to using the pure grade or paying the higher price.

Dr. Arthur Stern, in discussing the papers that had been read, said it was time Elizabeth woke up. He told about the establishment of three milk stations by the authorities and added that another was necessary.

"We also need a regular inspection of milk," he declared. "We have demanded that the health board help us in this important work, and we are hopeful that now the ice is broken, we will make rapid headway."

Dr. F. A. Zucker, veterinarian, and Dr. Thomas E. Dolan, member of the local Board of Health, spoke of the efforts to secure milk stations and of the need of a milk laboratory with an expert milk analyzer.

National Society of Anesthetists.

Following a symposium on anesthesia at the recent meeting of the A. M. A., at Atlantic City, a meeting of anesthetists was held, with Professor Yaudel Henderson, of Yale University, in the chair, when it was resolved to organize this National Society.

The following officers were elected for the year 1912-13: President, James T. Gwathmey, M. D., New York; vice-presidents, Drs. Charles K. Teter, Cleveland, F. H. McMechen, Cincinnati, Yaudel Henderson, New Haven, Conn.; secretary, William C. Woolsey, Brooklyn; treasurer, Harold A. Sanders, Brooklyn. The secretary calls on those interested in this work to join the society, addressing him 88 Lafayette avenue, Brooklyn.

New Jersey Society in California.

(We clip the following from The Pasadena Star of June 28th. We missed Dr. E. L. B. Godfrey from our annual meeting this year, but we are glad to know that our honored Fellow, who has become a Californian, is appreciated by Jerseymen and Californians alike.—Editor.)

New Jersey residents, members of the State Society of California, descended on Eastlake Park yesterday, two thousand strong, and took possession of the place. Their conquest was a peaceful one and their victory celebrated with a day of merrymaking and picnic fun for which the New Jerseyites are second to none. Election of officers was the feature of the day and the balloting resulted as follows: For president, Judge Belmont Perry, of Pasadena, re-elected to the office he has filled successfully for a number of years; vice-president, Dr. E. L. B. Godfrey, of South Pasadena; treasurer, Professor L. F. Higgins, of Occidental College, and secretary, W. B. Grannath, of Los Angeles. Judge Perry, who again takes the reins of government, is largely responsible for the success with which the society has met in its work and play, and his re-election to the highest office in the gift of the organization was a recognition of his services.

At noon a basket lunch was served and the two thousand ate like double their number.

Pennsylvania State Society.

The sixty-second annual meeting of the Medical Society of the State of Pennsylvania will be held in Scranton, September 23-27, 1912.

The Cartwright Lectures.

Professor Ludwig Pick, of the University of Berlin, will deliver these lectures at the New York Academy of Medicine during the second week in November. The subjects are as follows: 1. Some Pathological Anatomical Findings of Diseases of the Hypophysis and Their Practical Value. 2. Modern Views of Tumors of the Nervous Tissue. 3. Pathological Anatomy of True and False Hermaphroditism in Man.

Comparative Pathology.

The first International Congress of Comparative Pathology will be held at the Faculty of Medicine in Paris, France, October 17 to 23, 1912, having been organized by the Societe de Pathologie Comparee. The subjects for discussion will include the diseases of men and animals and the connection existing between the diseases of different species, and also the possible connection between certain diseases of plants and of animals. The general secretary of the congress is M. Grollet, 42, Rue de Villejust, Paris, to whom all correspondence should be addressed.

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

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Ellis W. Hedges, M. D., Plainfield.

Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange, N. J.

VACATION SEASON.

"Go abroad and see the world! But before doing that, see America. And before doing that, see the State in which you live. And before doing that, see where the money is to come from."

Such are the words of a wise man, and while they seem to be words of wisdom, we are not always wise or sensible in our choices; our tastes differ; many of us are very *far*-sighted and we fail to appreciate the beauty of near-by scenes; sometimes we go abroad "to take special courses," or to "visit the hospitals of Europe," (?) etc., and sometimes we prefer to get beyond the call of the telephone or the telegram. The last idea quoted—that we had better "see where the money is to come from"—is an intensely practical one, especially for the general practitioner, in these days of increased cost of living and over-done, spurious charity. In some cases, *possibly* the free patients who have been generously treated could afford to pay for the trip abroad or to a nearby "fashionable resort."

But we write especially to congratulate those who have been able to get and to enjoy—or who will do so this month—seasons of rest and recreation, whether at home, among the many beautiful and restful resorts, or abroad. Some have had extended vacations; we recall those of Dr. R. H. Hamill, of Summit, in the far West, who returns in better health; and Dr. Edwin Field, of Red Bank, away since March 15, in Europe, South America and Panama. A larger number have been content with the few days or weeks of rest, without need of worrying overmuch where the money came from and have returned, or will soon return, enabled to do better work because of their temporary vacation season.

But we write also to express our sympathy for that still larger number of physicians—many of them in the country districts, some of them overworked and underpaid—who have not been able to get a vacation; men who are faithful and true, in season and out, continuing their ministrations to the sick. They are among the heroes of our profession, who however are not without the inward rest, comfort and peace that come to the true, self-denying physician amid the conflicts with disease and suffering.

OUR SOCIETY'S NEEDS.

The editor has received the following communication from the President of our Society, Dr. N. L. Wilson. It shows that he regards that office as one of responsibility as well as of honor; that he has been studying our Society's needs and desires its enlargement, the profession's advancement and the public's good:

July 1st, 1912.

My dear Doctor: I would offer the following suggestions for the betterment of our society. Will you be kind enough to look them over and make such comments as in your judgment will be wise.

The first section of Article 2 of the constitution is only partially accomplished, inasmuch as we have leagued together less than one-half of the profession of the State.

We must increase the membership by helping the component societies to gather in all desirable members of the profession. This may be done by issuing literature which will set forth the advantages of membership in our society.

We have not fully safeguarded the material interests of the profession. This must be done by a united effort of the Legislative Committee carrying out the wishes of the society.

We must make more strenuous efforts to educate and protect the public.

We must add to the income of the Journal by securing more good advertisements.

Yours fraternally,

Norton L. Wilson.

These are the principal and the pressing needs: increase of membership; safeguarding the material interests of the profession; education and protection of the public; increase of the income and value of our Journal.

We have been urging the importance of an earnest effort to secure a membership of at least 2,000 this year. It *ought* to be done, and it *can* be done if our component societies resolve that it *shall* be done, and then every member helps to gather in the desirable outsiders.

The safeguarding of the material interests of the profession is a very important matter, but we think something more than legislation is needed. We will refer to that and also to the matter of the education and protection of the public, in our next month's issue, merely observing now that properly guarding the profession's *material* interests would be one of the best means to gather in and hold the non-members. Adding to the income of the Journal is greatly needed and the matter is now receiving the careful consideration of the Publication Committee. But we appeal to our members to use their influence to secure ethical advertisements from publishers, instrument makers, automobile manufacturers and reputable drug and food firms with whom they deal; and then patronize those who do advertise in our Journal.

We take the following from another journal:

The advertising in the Journal helps in a material way to pay the expenses of its publication. Advertisers, of course, will not advertise unless they see sufficient returns to justify them. Now it behooves us to support in every way possible the firms who have faith in our Journal. For instance, if there are two or three surgical or medical firms handling the same products and one of them advertises with us, please send your business to the one who does and thereby prove that his judgment is good, and his results better.

That is good policy and it is also a perfectly proper business proposition.

PHYSICIAN-LEGISLATORS.

We remind our readers that the time is approaching for the selection of members of the Legislature—Senators and Assemblymen—and we again urge that efforts be made to secure the nomination and election of at least two physicians as Senators and five or six as members of the Assembly, who shall be competent and can be relied upon to intelligently guide in the enactment of wise legislation affecting the health conditions of our State in the interest of its citizens. The average legislator is often ignorant as to the practical and effective provisions of law, in so-called medical legislation, to safeguard life and health, or is too often influenced by "political authority" or by men who are seeking personal gain at the public's expense and the people's damage or destruction.

We have heard of but two physicians who have been named for the legislature—and both of them for Senatorship—Drs. William E. Ramsay, of Middlesex, and Dr. Alexander Marcy, Jr., of Burlington. They are both competent men who can be relied upon in guiding medical legislation. Dr. Ramsay has served most efficiently two terms in the Assembly and no man has done more to secure wise health laws than he, and Dr. Marcy would do the same. If the opposite party does not name physicians who are equally competent men, we believe that it is incumbent on every physician in these counties to vote and work for the election of these doctors as Senators. The lives and health of our citizens are of vastly greater importance than the question of partisan politics. If the opposite party nominates candidates for either Senator or Assemblymen in other counties, we advise and urge physicians residing in such counties to vote and work for *them*.

We are pleased to note the honors that are being bestowed upon some of our New Jersey physicians for long and faithful professional service as well as for their personal worth. Last month we noted the testimonial dinner given in honor of Drs.

Whitehorne, White and Ward by the Associated Physicians of Montclair and Vicinity—the three men having practised medicine more than 50 years. Dr. Ward has since been called by death to higher honor.

This month we note the recognition of 18 years of faithful service of our ex-president, Dr. T. H. Mackenzie, as visiting physician at the State Prison, the officials and keepers presenting him with a handsome jewel. Also the presentation of a large silver cup to Dr. Norton L. Wilson by his colleagues in the city of Elizabeth, in recognition of his election as president of the Medical Society of New Jersey. In our next issue we will give an account of it, with a cut of the cup.

Also the recognition—in an address by Father Lambert—of the worth and services of another of our ex-presidents, Dr. David St. John, of Hackensack, in connection with the hospital there located. And still another ex-president, Dr. E. L. B. Godfrey, has been honored by election as vice-president of the Association of New Jerseymen resident in California.

We congratulate Dr. Victor Parsonett, of Newark—and the profession as well—that he is victor in the lawsuit brought against him for doing more for his patient than he agreed to do, and all without cost to the patient making complaint against him—for it was a charity case, if we are rightly informed. We will give fuller particulars next month. We now, however, note that Judge Garrison, overruling the verdict of the lower court against the doctor, seems to establish the surgeon's right, as well as makes it his duty, in operating in cases where in the course of the operation conditions are found that require further operation than that which has been stated to the patient, before being anesthetized, as necessary, to perform such additional operation as the good of the patient, in his judgment, requires.

After the page forms of the Journal were completed for the press, the death of Dr. James A. Exton, of Arlington, was reported. He was one of the prominent members of the Hudson County Medical Society and was greatly esteemed as a physician, sanitary officer, citizen, Masonic officer, Christian gentleman and personal friend. For many years he has been the secretary of the New Jersey Sanitary Association and performed the duties of that office with conspicuous ability and fidelity. An obituary notice of him will appear in our next issue of the Journal.

The unexpected incorporating of the Official Transactions in this issue of our Journal, instead of postponing till the September issue as last year, has somewhat changed our order of insertion of matter and required the omission of some original papers as well as editorial and other matter. The delay in the return of proof—doubtless because authors of papers or those who discussed them have been away on their summer vacations—has also compelled us to defer the insertion of some.

New Jersey Doctors Graduate.

At the 158th annual commencement of the College of Physicians and Surgeons, Columbia University, June 5th, the following New Jersey students graduated in medicine: Frank Bortone, Charles G. Crane and Victor B. Seidler, Newark; Isadore H. Franklin, Jersey City; Frank H. Carber, Newton; Henry Klaus, West Hoboken; Morris L. Simon, Passaic, and William C. White, Hoboken.

N. Y. Post-Graduate Medical School.

Dr. C. R. O'Crowley, of Newark, was appointed "Instructor in the Department of Venereal and Genito-Urinary Surgery" at the New York Post-Graduate Medical School for the ensuing year, by the Board of Directors, May 8th, 1912.

Dr. T. H. Mackenzie Honored.

Dr. Thomas H. Mackenzie, on July 1st, retired as visiting physician at the New Jersey State Prison, after having held the position for the past eighteen years. When the physician visited the prison on that date, he found the officials and keepers gathered in the centre, awaiting him. Rev. Dr. George C. Maddock, a prison chaplain, stepped up to him and presented him with a very handsome jewel of the Mystic Shrine, containing a large diamond, it being the gift of the officials and keepers. In his address he expressed regrets of the convicts and officials at Dr. Mackenzie's retirement. The latter spoke of his pleasant relations with the officials during his many years there. Dr. Martin W. Reddan, who will succeed Dr. Mackenzie, was unable to attend the presentation, but arrived at the prison later in the day. He began his duties at once.

Dr. Mackenzie was appointed to the position on July 1, 1894, and during that time has treated on an average of about 100 cases a day in the big institution. There are but few of the convicts in the prison who were sentenced there when the doctor first entered upon his duties. It was Dr. Mackenzie's duty to visit the prison at 1 o'clock each afternoon, and see to the physical wants of the convicts. He has performed all surgical operations and all turned out to be successful. Despite the fact that every precaution is being taken to prevent tuber-

culosis among the many patients, the disease has stricken down many. The lack of yard room for exercise tends to increase the disease. The first fifteen years Dr. Mackenzie was at the prison, there was not a single case of typhoid fever. About six months ago there was an epidemic and following the use of typhoid vaccine no more cases were reported.

Dr. Mackenzie has had but eight weeks' vacation during the eighteen years he has been at the prison. He is often summoned to the institution where convicts and keepers are injured in fights. He found several of the prisoners who wanted to pay him for his services, but he declined the offer.—Daily State Gazette, Trenton.

Doctor's Certificate Before Marriage.

After consultation with the Rt. Rev. C. P. Anderson, Bishop of Chicago, and with his approval, Dean Walter T. Sumner and his coworkers of the Cathedral of SS. Peter and Paul have agreed upon an advanced policy with regard to the administration of marriage in the cathedral. Beginning with Easter, no persons will be married at the cathedral unless they present a certificate of health from a reputable physician to the effect that they are normal physically and mentally, and have neither an incurable nor communicable disease. This step is taken only after months of study of the situation and deliberation as to its advisability. It is believed that this stand will meet with the immediate sympathy of the clergy in the church at large, all of whom have long felt the undesirability of being party to the marriage of persons who, because of their physical condition, should never be allowed to enter into the marriage state."

Rotten Eggs Seized in Jersey City.

Dr. R. B. Fitz Randolph, chief of the division of pure food and drugs of the State Board of Health, accompanied by his assistant, William G. Tice, and Inspector Walter W. Schofield, seized 1,000 pounds of frozen egg product on July 17th, in the Merchants' Refrigerating Company warehouse in Jersey City, and denatured the product with kerosene oil, thus making it impossible to use this material for any other purpose excepting the tanning of leather. The product was characterized by Dr. Randolph as filthy, decomposed and putrid, entirely unfit for manufacturing into any food product. It belonged to the Excelsior Baking Company of Jersey City, so that firm bears the loss of the product. Another lot of frozen eggs belonging to the same company was looked at. It was not as bad as the first and did not come within the same class, so the inspectors put it back on the shelves without prejudice to future action when exact analysis shows its condition.

Under the old system this product would have gone into baking. Now the State Board of Health has full power over such product and it was upon the report of the inspector that the action was taken. Under the law, when the State Board finds food in condition unfit to eat, it can be destroyed and no penalty attaches thereto to the inspectors or the State.

Therapeutic Notes.

Blepharitis Ulcerative.

Ichthyol, grs. x.
Zinc oxide ointment, ʒil.
M. ft. Ungt. Apply to lids after removal of crusts.—Critic and Guide.

Bronchitis—Chronic.

℞ Chloroformi, fʒss.
Creosoti,
Terebeni,
Olei pini sylvestris, of each, ʒiss.
Alcoholis, q. s. ad fʒj.
M. Sig.: From 5 to 20 drops in an inhaler several times a day.—Merck's Archives.

Cholera Infantum.

For the initial treatment of cholera infantum the following is recommended:
℞ Hydrarg. chloridi mitis, gr. ij.
Sodii bicarbonatis, gr. x.
Saccharini, gr. ¼.
Div. in pulv. no. xij.
Sig.: One powder every hour for four doses.
To control the acute gastric symptoms:
℞ Hydrarg. chloridi mitis, gr. j.
Plumbi acetatis, gr. iv.
Pulv. opii, gr. j.
Bismuthi subnitratis, gr. xxx.
Pulv. sacchari, gr. x.
M. Div. in pulv. no. x.
Sig.: One every half-hour or hour.
To control diarrhea:
℞ Tannalbini, gr. xxx.
Pulv. opii, gr. j.
Pulv. aromatici, gr. ij.
Pulv. sacchari, gr. v.
M. Div. in pulv. no. xij.
Sig.: One every four to six hours for a child of about 1 year; double this for a 2-year-old child.
To control tenesmus:
℞ Iodoformi, gr. ij.
Ol. amygdalæ expressi, fʒij.
M. Cool on ice, and inject a tablespoonful into rectum.—Merck's Archives.

Hiccough.

Dr. A. de Yoanna, in N. Y. Med. Jour., states that 5 drops of tincture of musk in a teaspoonful of any aromatic elixir, given once or repeated after five minutes, will stop the worst hiccough due to nervous or other hysterical causes. Dr. M. Neustaedter recommends the strapping with zinc oxide plaster of the entire abdomen, beginning from the nipples down to the pelvis; potassium bromide, 1 Gm., and chloral, 0.2 Gm., at one dose three times daily; exclusive milk diet and plenty of alkaline water, such as Vichy, not effervescent. This has cured cases that for weeks did not yield to any other treatment. After the hiccough subsides tonics, such as strychnine nitrate in doses of 0.002 Gm. (1-30 gr.), three times daily, and a bland fluid diet should be kept up for fully three weeks. If hiccough does not reappear at the end of this time, solid diet can be given. Constipation should be relieved by enemata and no cathartics or laxatives administered during the period of hiccough.

Leg Ulcers.

Beldan is credited in Nouveaux remedes, January 24, 1912, with the following ointment:

℞ Olive oil,
Oxgall, of each, Gm. 15.
Honey of rose, Gm. 8.
White wax, Gm. 4.
Powdered sugar, Gm. 2.

M. et ft. **unguentum.**

The ulcer should be washed with a hot solution of boric acid, night and morning, and the ointment then applied. Cover with gauze or thin muslin and apply a few turns of bandage with fair degree of tightness.—N. Y. Med. Jour.

Nasal Catarrh.

The following has been well tried and gives excellent results:

℞ Oil of pine,
Terebene, of each ʒij.
Creosote,
Menthol, of each, ʒss.
Oil of cinnamon, mx.
Oil of eucalyptus, to make ℥j.

Mix. Directions: Sprinkle a few drops on a handkerchief or cotton-wool and inhale through each nostril separately, or put a teaspoonful into a pint of boiling water and inhale the vapors.—Medical Standard.

Riggs' Disease—Astringent Mouth-wash for.

℞ Tincture of iodine,
Potassium iodide,
Tannic acid, of each, ʒij.
Formaldehyde solution, gtt. xx.
Glycerin, ℥ij.
Distilled water, enough to make ℥viij.

M. Sig.: Mouth-wash, to be used four times daily, 1 part to 5 parts of water.—H. T. Steward, in Dental Cosmos.

Rheumatism, Acute.

John Laird, in The Practitioner for February, 1912, dwells upon the necessity of using decalcifying agents in the treatment of rheumatism. The fibrous tissues, chiefly involved, contain a relatively large amount of calcium salts, and these one should endeavor to remove when in excess. The author points out that the remedies in vogue in rheumatism, viz., lemon juice, alkalies, and citrates, as well as sodium salicylate, all tend to act in this manner.

In treating an acute attack Laird orders rest in bed, clears out the bowels with a small dose of calomel followed by a saline (keeping them thereafter gently open each day), and gives the following mixture every three or four hours:

℞ Potassi bicarbonatis, ʒii
Tincturæ aconiti, mviii.
Tincturæ aurantii, fʒi.
Aquæ chloroformi, q. s. ad, f℥viii.

M. Sig.: Add two tablespoonfuls to the same quantity of water in a tumbler, then add one tablespoonful of fresh lemon juice, and drink while effervescing.

The aconite should be discontinued after the first twenty-four or forty-eight hours. Between successive doses of the mixture the author gives pure sodium salicylate in sufficient amount to relieve the joint pains; but he relies chiefly on the effervescing preparation to "eradicate the poison."

Fluids should be given freely; barley water acidulated with lemon juice is acceptable as a drink. In addition to the use of decalcifying agents, calcium salts should be withheld. Hard water is, therefore, to be avoided, and milk should be omitted from the diet. Under this plan of treatment Laird avers that there is less likelihood of cardiac or other complications arising. In chronic forms of rheumatism, he administers the effervescing mixture three times a day before meals.—N. Y. Med. Journal.

Raynaud's Disease—Treatment of

The author looks upon every case in which the patient complains of sharp pains, coldness of the toes, and where they are pinkish of color, with a dry, shiny skin, as a probable case of Raynaud's disease. If there is gangrene a local amputation of the affected member may be all that is necessary, but healing of the wound-surfaces is exceedingly tedious; in one case it did not take place until two years after operation. Some cases have shown traces of sugar in the urine, but the writer does not consider this a diagnostic point.

For local application, the author has found that liquid ichthyol in 10 per cent. strength gives most relief. Internally large doses of potassium iodide are very beneficial, and if the patient can rest in bed and make hot applications of some antiseptic solution to his feet he is doing all that is possible. About 20 per cent. of the cases can be kept comfortable under these measures; at least the progress of the disease can be arrested.—E. C. Beck, in Interstate Medical Journal.

How to Give Iodides.

Bourget's formula is said to avoid irritating the gastric mucosa and reduce to a minimum the phenomena of iodism. It is as follows:

Potassium iodide (chemically pure), grs. cl.
Sodium carbonate (chemically pure), grs. cxx.
Dry sodium phosphate, ʒj.
Dry sodium sulphate, ʒss.
Boiled water, Oij

Dessertspoonful in water three times daily.

Novaspirin in Rheumatism and Influenza.

Dr. E. Hartman, in Allgem. Weiner, Med. Ztg., reports the use of novaspirin in articular and muscular rheumatism, but chiefly in influenza in about twenty cases, in which it exerted an antipyretic action and caused a disappearance of the headache and muscular pains. In a series of typical cases which were favorably influenced in doses of 15 grains 4 to 5 times daily, he noted even in persons with weak, sensitive digestive organs, untoward byeffects were never experienced. The drug can be given children suffering with colds or influenza without risk in doses of 7½ grains 3 to 4 times daily to those under twelve years, and 15 grains 2 to 3 times daily to those above this age.

Don't use vaginal douches after labor unless there is a special indication for them. If you do, the process of repair that is taking place in small abrasions in the perineum, vagina and cervix will be materially interfered with.

When indicated, a dull curette as large as can be easily passed through the cervical canal of a

puerperal uterus can be safely used, and will accomplish all that is necessary.—Int. Jour. of Surgery.

Hospitals and Training Schools

The Bishop of London, preaching at Kensington, on Hospital Sunday, in June, described the hospitals as "the air shafts of heavenly charity and sympathy for the purification of our lives, the most complete centers of unselfish activity in this great city, schools of moral discipline, and homes of rest."

Mercer Hospital, Trenton.

Mrs. Lillie Richey Fisk, wife of former Mayor Charles B. Fisk, of Plainfield, and Isaac F. Richey, forwarded a check for $5,000 to Mercer hospital recently, with the condition that it be used for the endowment of a bed as a memorial to their sister, the late Miss Mary Richey.

Monmouth Memorial Hospital, Long Branch.

Announcement was made July 9th, of a number of special gifts to the Monmouth Memorial Hospital, among them being the cost of installation of a complete telephone system in the institution of H. Edgar Mason, of Bath avenue. Park M. Woolley will meet the cost of the installation of a hot-water boiler, while Charles A. Wimpfheimer has just completed an elevator at a cost of $3,000. Mr. Wimpfheimer is also meeting the cost of installing shrubbery trees in the hospital park, the regraveling of the drives and the laying of cement curb and walks. A movement is on foot among the summer folk to purchase an ambulance.

Mountainside Hospital, Montclair.

This hospital will receive a bequest of $5,000 from the estate of Dr. Edwin M. Ward, of Bloomfield, whose death was announced in the July Journal.

St. Mary's Hospital, Orange.

Ten nurses were graduated in the first class of the Training School for Nurses of St. Mary's Hospital, July 11th. The addresses to the graduates were delivered by Dr. Thomas N. Gray, of East Orange, who was the first chief of the medical staff of the hospital, and by Rev. M. J. Fitzpatric, of New York City. The diplomas were presented by Dr. Frank B. Lane, of East Orange, chief of the medical staff.

Appendicitis Hospital, Boston, Mass.

A hospital devoted exclusively to the treatment of appendicitis is to be opened in Boston in October. A site has been donated on Beacon street, together with a building sufficiently large for the care of both ward and private patients.

Union County Tuberculosis Hospital.

The Board of Freeholders have awarded contracts for building a home for the employees of the tuberculosis hospital, at Bonnie Burn, New Providence Township. The total amount for building and heating and electrical apparatus being $93.10.

Essex County Hospital for the Insane.

The Training School for Nurses at Overbrook held its twenty-fifth annual graduation exercises at the institution June 26th. Thirty-three young men and women received diplomas.

Dr. L. S. Hinckley, Newark, was the founder of this training school, organizing a class in the old asylum building in November, 1866. Since then 275 nurses have been graduated from this institution.

Hackensack Hospital Training School.

The graduating exercises of this School were held in Oritani Hall, Hackensack, on the evening of June 27th, when nurses were graduated. Father Lambert of Hackensack delivered the address. In the course of it he paid high tribute to the untiring efforts, the capable management, and never flagging interest that Dr. David St. John has expended in his effort to make the Hackensack hospital the successful and excellent institution that it is. He spoke eloquently of the "noble mission of woman to be man's helpmate," of her beautiful sympathy and bravery, shown throughout the ages in her care of the sick. He pointed out that every hospital has its great corps of these faithful women whose lives are given to comforting and soothing the miserable and suffering, and that in no other walk of life can a women do a nobler work. The speaker also emphatically asserted it as his opinion that the women who are abanding their duties as the help-meet of man to attempt to seize his place, crying out for her rights, is thereby forfeiting her womanhood and the beautiful respect that the innate chivalry of all men has paid her throughout all the ages.

Married.

HOFFMAN—DE HART.—At New Brunswick, N. J., July 1, 1912, Dr. Florentine M. Hoffman to Miss Mabel I. De Hart, both of New Brunswick.

Died.

HENRY.—At Camden, N. J., July 2, 1912, Dr. George W. Henry, of Camden, aged 53 years.

Dr. Henry graduated from the Jefferson Medical College, Philadelphia, in 1885. He was formerly coroner of Camden, and a member of the State Assembly.

Personal Notes.

Albertson, Dr. William C., Belvidere, and wife enjoyed a two weeks' trip along the coast of Maine in July.

Ayres, Dr. Edward A., Branchville, gave an illustrated lecture on "Mosquitoes" before the Plainfield Medical Society, on July 11.

Baker, Dr. George H., Long Branch, who suffered a stroke of paralysis two years ago, is reported as slowly recovering at Washington, D. C., where he has been since last November.

Bennett, Dr. John W., Long Branch, and family are at Eldora.

Blake, Dr. Duncan W., Gloucester City, has been elected medical inspector of the local public schools.

Clark, Dr. J. Henry, Newark, and wife have gone abroad for a few weeks.

Cort, Dr. Paul L., Trenton, and wife spent the month of July at Wildwood, N. J.

Dallas, Dr. Alexander, Pine Brook, returned from California the last of June, where he spent several weeks.

Farr, Dr. John C., Hoboken, and wife spent July in an auto trip to and through the State of Maine.

Field, Dr. Edwin, Red Bank, who has been abroad since April, in returning to the Isthmus of Panama, via Buenos Ayres, became snowbound in the Andes, delaying him some days. His wife is at Panama awaiting his arrival there. They expect to reach home the latter part of this month.

Hunt, Dr. Alonzo C., Metuchen, and family are occupying their summer home at Mantoloking.

Kip, Dr. Henry, Paterson, and family are occupying Point View Cottage at Culver's Lake.

Opdyke, Dr. L. A., Jersey City, while out driving recently, came in collision with a young man on a bicycle, but both escaped serious injury.

Ranson, Dr. Briscoe B., Maplewood, and family are occupying their cottage at Avon for the summer.

Reddan, Dr. Martin W., Trenton, has entered upon his duties as physician of the State Prison at Trenton.

Rostow, Dr. Clarence, Newark, and family were at the Sea Cliff Hotel, Bradley Beach, last month.

Shaw, Dr. Harry E., Long Branch was severely burned in the face on the Fourth of July by the exploding of a cannon firecracker which was supposed to have gone out, while he was with a party of friends.

Smith, Dr. Charles B., Washington, president of the Lehigh Valley Medical Society, read a paper at the meeting July 18, at Delaware Water Gap.

Weeks, Dr. David F., Skillman, intends, if possible to take a brief trip to Europe the last of this month.

Wallace, Dr. Henry, Glen Ridge, and wife were registered at the Marlborough-Blenheim, Atlantic City, last month.

Chandler, Dr. William J., South Orange, is spending his vacation in the Maine woods this month.

Knowles, Dr. Francis E., South Orange, and wife sailed on the Mauretania, July 24th, for England. They expect to return in September.

Mravlag, Dr. Victor, Elizabeth, is being urged to run again for Mayor of that city, by his friends. Last year he declined a renomination for that office, having served very acceptably the previous year.

Harman, Dr. William J., Trenton, and wife have been stopping in Asbury Park.

Hummell, Dr. Ernest G., Camden, who spent six weeks abroad, is expected back the first week in August, when he will join his family at Ocean City Gardens for a brief season.

Ashcraft, Dr. Samuel F., Clayton, and family were registered at Camp Ardmore, Culver's Lake, in July.

Balleray, Dr. George H., Paterson, last month enjoyed a successful salmon fishing trip in Cape Breton, Canada.

Curts, Dr. James H., Paterson, and wife were at the Mt. Arlington, New Breslin Hotel, last month.

Fisler, Dr. C. Frank, Clayton, and wife were at Camp Ardmore, Culver's Lake, in July.

Goldberg, Dr. Eugene H., Kearny, and family, spent a few days at Ocean Grove last month.

Keller, Dr. Frank J., Paterson, and family were at Budd's Lake in July.

Marcy, Dr. Alex., Riverton, is suggested as the logical candidate for Senator from Burlington County.

Newcomb, Dr. Marcus W., Brown's-Mills-in-the-Pines, expects to open his new sanatorium for tuberculosis there located about September 15th.

Rector, Dr. James M., Jersey City, registered at the Shoreham Hotel, Spring Lake, in July.

Smalley, Dr. Mahlon C. Gladstone, who has been quite ill, is reported as convalescing.

Williams, Dr. Louis C., Lambertville, returned from a fishing trip to Charleston, Canada, last month.

Baker, Dr. Charles F., Newark, and wife motored to Atlantic City and spent a few days there.

Fewsmith, Dr. Joseph L., Newark, was registered last month at the Bryant Villa Inn, Lake Hopatcong.

Gray, Dr. Frank D., Jersey City, discussed Dr. W. D. Gatch's paper on "Aseptic Intestinal Anastomosis," in the Section on Surgery, at the A. M. A. annual meeting, Atlantic City.

Hoagland, Dr. Bonn W., Woodbridge, last month visited some friends at Cornwall-on-the-Hudson.

Wilson, Dr. N. L., Elizabeth, was registered in July at the New Breakers, Spring Lake. He has now gone to Kennebunkport, Maine. Expects to return home about August 17th.

Wolfe, Dr. William J., Chatham, has been suggested as a candidate for member of the Assembly.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Florida, May.....	68	54	14
Illinois, January.....	80	46	34
Massachusetts, May..	40	20	20
New Jersey, June....	44	33	11*

*The failures at the examinations of the New Jersey Board were: 2 from the University of New York; 2 from the University of Maryland; 1 from the Kentucky School of Medicine; 1 from the College of P. & S., Baltimore and 5 from the University of Naples.

There were 32 midwives examined, of whom 25 passed and 7 were rejected; 9 chiropodists were examined; 4 passed and 5 were rejected. The next examination will be held at the State House, Trenton, October 15 and 16, 1912.

Will Require Supplementary Examination.

At a meeting of the Illinois State Board of Health, held June 29, 1912, a resolution was adopted that candidates seeking a license in Illinois through reciprocity will be required to take an examination in materia medica or practice, or both, if their original licenses were obtained in State which do not require examinations in those subjects.

Public Health Items.

Health Officers of the State.

The Health Officers of New Jersey will hold their third quarterly meeting at Asbury Park September 7, 1912, in the afternoon and evening. J. S. McNutt, of Orange, is secretary and has charge of the arrangements.

Free Milk Station.

The first free milk station in Jersey City, N. J., where modified milk will be supplied to mothers unable to pay for it, will be open in the whittier House on Grand street after July 1.

Elizabeth Milk Laboratory.

The Elizabeth Board of Health and the finance committee of the City Council, at a meeting held July 18th, made an appropriation for the establishment of a milk analysis laboratory.

Some time ago a request was made for an appropriation to carry on the crusade for purer milk, but the finance committee did not see its way clear at that time to grant the request, saying that the city could not afford the expense. Since that time the Union County Medical Society has reported that the milk supply must be more carefully looked after.

Monmouth County Fighting Tuberculosis.

The Monmouth County branch of the State Charity Aid Society is endeavoring to get 1,000 members at one dollar each to help in the fight against tuberculosis. They will also seek to establish a County Tuberculosis Hospital.

More than 1,000 people attended the opening of the tuberculosis exhibit given by the State Board of Health at the Ocean Park Casino, Long Branch, July 16th.

Typhoid Fever in Woodbury.

Twenty cases of typhoid feved have been reported to the Board of Health, of Woodbury.

Death Rate Low.

For the week ending June 22, 1912, the death rate in New York was 12.16 per thousand, and the total number of deaths 1,206, a considerable decrease as compared with the same week of last year when the total number was 1,273 and the rate 13.33. For the first twenty-five weeks of this year the rate was 15.17 per thousand, as compared with 16.34 during the same period of 1911. Of the total number of deaths during the week 215 were of children under 1 year, and 343 under 5 years, and 200 of persons 65 years of age and over. Heart disease caused 168 deaths, an increase of 10; pulmonary tuberculosis 155, a decrease of 5; kidney diseases 111, an increase of 28, and lobar pneumonia 72, an increase of 20. In most of the other important causes of death there were considerable decreases.

Infant Mortality in New York City.

It is stated that during the first week of this July there were in New York 267 deaths of infants under one year of age, or 80 less than during the same week of last year, and that for the past six months the number of deaths has been 416 less than for the same period of 1911.

Control of Venereal Diseases.

The Department of Health of New York City, on February 20, adopted the following resolutions, calling for the systematic reporting to the department, by physicians and institutions, of all cases of venereal liseases: Resolved, First, That on and after May 1, 1912, the superintendent or other officers in charge of all public institutions such as hospitals, dispensaries, clinics, etc., be required to report promptly the name, sex, age, nationality, race, marital state and address of every patient under observation suffering from syphilis, chancroid, or gonorrheal infection of every kind; and, second, That all physicians be requested to furnish similar information concerning private patients under their care, excepting that the name and address of the patient need not be reported; Third, That all information and all reports, in connection with persons suffering from these diseases, shall be regarded as absolutely confidential; Fourth, That the Department of Health shall provide facilities for the free bacteriological examination and also shall provide, without charge, vaccines for the treatment of such infections; and Fifth, That the Department of Health shall undertake to make, without charge, Wassermann and Noguchi tests; Sixth, That these diagnostic and therapeutic facilities be extended only when the data required for the registration of the case are furnished by the physician treating the patient; and Seventh, That the department provide and distribute circulars of information in relation to these diseases.

Typhoid Carrier.

The State Hygienic Laboratory of the University of California has discovered in a sailor on the ship Acme a typhoid carrier who is thought to be responsible for twenty-seven cases of typhoid fever which have occurred on the ship in the last three years and a half. The sailor in question suffered from the disease four years ago and was discharged from the hospital as cured. As he had had nothing at all to do with the provisions or cooking on the ship it is thought that the infection was transmitted by means of a common drinking cup used at a water cask on the deck of the ship. Of the twenty-seven cases thought to be traceable to this source of infection four were fatal.—Medical Record.

Mosquitoes Banished from Hartsville, S. C.

Dr. W. Egleston, the health commissioner of Hartsville, South Carolina, reports that malaria, though very prevalent a decade ago, is now practically a negligible disease. The inhabitants of Hartsville, it is said, now sit on their unscreened porches in the evenings with no discomfort from mosquitoes.

The Health Board first distributed to all householders circulars pointing out the dangers of mosquitoes and recommending screens and constant supervision of premises to prevent breeding. Then the council surveyed the entire city, drained low places where rain water accumulated and made weekly inspections of

all premises and ditches in town, putting kerosene regularly on any water that could not be drained or emptied (an ounce of kerosene for each fifteen square feet of water surface). Most of the breeding places were found in back yards.

Report from Canal Zone.

The Department of Sanitation of the Isthmian Canal Commission reports that during the month of April, 1912, there were 48 deaths from all causes among employees, of which 37 were due to disease and 11 to violence, making an annual average per thousand of 8.77 and 2.61, respectively, or a total of 11.38. In segregating according to race, the annual average death per thousand among white employees was 3.74, among black, 10.48. During the same month of 1911 the total average was 9.38. There were 9 deaths from tuberculosis and 4 from pneumonia, 4 from heart disease, 2 from chronic nephritis, and 1 each from dysentery, estivo-autumnal malaria, hemoglobinuric fever and typhoid fever. No cases of yellow fever, smallpox, or plague originated on or were brought to the Isthmus during the month.

Death Rate in London.

During the past six years the health of London has greatly improved, the death rate having fallen 19 per cent. according to statistics recently published. It is computed that this means the saving of the lives of 28,000 Londoners each year. Typhus fever has been banished, smallpox is almost negligible and the typhoid fever mortality has been much decreased. On the other hand, however, it is said that deaths from tuberculosis have increased from 26 to 33 per cent. and that infant mortality has increased 30 per cent.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, June, 1912.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending June 10, 1912, was 3,098. By age periods there were 486 deaths among infants under one year, 242 deaths of children over one year and under five years, and 986 deaths of persons aged sixty years and over.

The death-rate of New Jersey for the month compared with the corresponding period for the previous three years follows:

Per 10,000 for June, 1909, 12.48.
Per 10,000 for June, 1910, 11.73.
Per 10,000 for June, 1911, 11.67.
Per 10,000 for June, 1912, 11.50.

It will be observed that there is a gradual diminution in the death-rate for the periods shown.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending June 10, 1912, compared with the average for the previous twelve months, the averages being given in parentheses:

Typhoid fever, 17 (27); measles, 50 (22); scarlet fever, 17 (14); whooping cough, 21 (23); diphtheria, 36 (42); malarial fever, 2 (2); tuberculosis of lungs, 352 (306); tuberculosis of other organs, 54 (54); cancer, 172 (164); diseases of nervous system, 374 (349); diseases of circulatory system, 449 (386); diseases of respiratory system (pneumonia and tuberculosis excepted), 199 (225); pneumonia, 206 (234); infantile diarrhœa, 59 (206); diseases of digestive system (infantile diarrhœa excepted), 193 (187); Bright's disease, 256 (229); suicide, 40 (33); all other diseases or causes of death, 601 (638); total, 3,098 (3,141).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens received from suspected cases of diphtheria, 392; tuberculosis, 451; typhoid fever, 271; malaria, 37; miscellaneous specimens, 55; total, 1,206.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending June 30, 1912, 396 samples of food and drugs were examined in the State Laboratory of Hygiene, as follows:

The following were found to be below the standard: 19 of the 229 of milk; 1 of the 4 of butter, 27 of the 57 of cream; 10 of the 22 of cider vinegar; all 8 of the malt vinegar; all 10 of the red vinegar; 9 of the tincture of iodine and one each of beef, sugar, brown vinegar and table vinegar.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 226 inspections were made: The following colums give the number of dairies inspected and the number found 60 per cent. above and 60 per cent. below the perfect mark:

County.	Number inspected.	Above 60 %.	Below 60 %.
Bergen	1	0	1
Burlington	11	4	7
Camden	6	0	6
Gloucester	21	4	17
Hudson	2	2	0
Hunterdon	59	12	44
Mercer	10	3	7
Middlesex	5	2	3
Monmouth	31	18	13
Morris	11	7	4
Ocean	3	1	2
Salem	4	3	1
Somerset	4	0	4
Union	7	4	3
Warren	51	14	36
Totals	226	74	148

Number of dairies, first inspection..... 120
Number of dairies; reinspection..... 106
Number of milk depots inspected..... 4
Number of letters sent to dairymen..... 141

Three dairies in Hunterdon County and one in Warren County were stopped producing milk.

Inspections were made at the request of the following local boards of health: Asbury Park, Gloucester City, Jersey City, New Brunswick, Perth Amboy, Roselle, Roselle Park and Trenton.

CREAMERIES INSPECTED.

Allentown, Bloomsbury, Chester, Clover Hill, Colts Neck, Davis, Franklin Park 2, Jutland,

Middlebush 2, New Egypt, Pattenburg, Reaville, Ringoes, Sharptown, West Portal, Woodstown, Wrightstown.

Number of creamery licenses recommended. 2

Number of letters sent to creamery operators 14

ICE CREAM FACTORIES INSPECTED.

Allentown 2, Bay Head 2, Bayonne 9, Dover 2, Dunellen, East Orange, Florence, Freehold 4, Gloucester City 4, Hamilton Square, Hightstown, Hoboken 9, Irvington, Jersey City 46, Madison, Manasquan, Newark, New Brunswick, New Egypt 2, Orange 2, Point Pleasant 2, Ridgewood 4, Riverside 6, Roebling, Trenton 16, Union Hill 10, West Hoboken 8.

Number of ice cream factory licenses recommended 6

Number of letters sent to ice cream factory operators 40

During the month ending June 30, 1912, 125 inspections were made in 62 cities and towns. The following being the largest number of inspections in places inspected: Camden, 12; Hoboken, 7; Jersey City, 11; Newark, 11; Trenton, 15.

The following articles were examined during the month but no samples were taken:

Milk, 534; butter, 439; food, 767; drugs, 50; cordials, 136.

Other inspections were made as follows:

Milk wagons, 229; milk depots, 58; milk cans, 34; drug stores, 7; butter wagons, 4; confectionery stores, 3; grocery stores, 365; meat markets, 1; slaughter houses, 36; fish markets, 1; saloons, 47; cold storage warehouses, 18.

Division of Sewerage and Water Supplies.

No. of samples analyzed in laboratory, 229: Public water supplies, 120; proposed public water supplies, 10; private water supplies, 50; bottled waters, 3; State institution supplies, 2; miscellaneous water supplies, 22; sewage samples, 22.

INSPECTIONS.

Water supplies and water purification plants inspected at Allenhurst, Atlantic City, Bernardsville, Butler, Cape May Point, Clayton, Elizabeth 2, Haddonfield, Island Heights, Kearny, Long Branch, Mullica Hill, New Brunswick, Ocean Gate, Perth Amboy, Plainfield, Point Pleasant, Rahway, Sea Isle City 2, Skillman, South Orange.

Watershed inspections at New Milford, Perth Amboy, Haddonfield.

Sewage disposal plants and sewerage systems inspected at Avon, Belmar, Bordentown, Bradley Beach, Camden, Chatham 3, Como, Flemington, Haddonfield, Island Heights, Lakewood, Maplewood, Millville 2, Neptune Township, North Bergen, Orange, Princeton, Raritan, Skillman 2, Somerville, Spring Lake, Trenton 2.

Stream inspections on Barnegat Bay, Cohansey River, Crosswicks Creek, Delaware River, Elizabeth River, Lake Hopatcong, Lawrence Brook, Hackensack River, Maurice River, Millstone River, Musconetcong Creek, Navesink River, Passaic River, Salem Creek, Shark River, Shipetauken Creek, Shrewsbury River, South River, Wallkill River, Wesley Lake.

Number of stream pollutions reported.... 476

Reinspections of stream pollutions made.. 182

Stream pollutions abated..... 85

Notices to cease pollution issued..... 228

Cases referred to the Attorney-General... 15

Plans for sewerage systems, sewage disposal plants and extensions approved... 23

Plans for sewerage systems, sewage disposal plants and extensions disapproved 4

Plans for water supply systems approved.. 2

Facetious Items.

A Tragedy.

A gay Bacillus, to gain his glory,
Once gave a ball in a laboratory.
The fete took place on a cover glass,
Where vulgar germs could not harass.
None but the cultured were invited
(For microbe cliques are well united),
And tightly closed the ball-room doors,
To all the germs containing spores.
The Staphylococci first arrived—
To stand in groups they all contrived;
The Streptococci took great pains
To seat themselves in graceful chains.
While, somewhat late, and two by two,
The Diplococci came in view.
The Pneumococci, stern and haughty,
Declared the Gonococci naughty,
And would not care to stay at all
If they were present at the ball.
The ball began, the mirth ran high,
With not one thought of danger nigh.
Each germ enjoyed himself that night,
With never fear of the Phagocyte.
'Twas getting late, and some were "loaded,"
When a jar of formalin exploded,
And drenched the happy dancing mass
Who swarmed the fatal cover glass.

* * * * * * *

Not one survived, but perished all
At this bacteriologic ball.

—J. Lee Hagadorn.

Six and a Half Dozen.

Doctor Fordyce sometimes drank a good deal at dinner. He was summoned one evening to see a lady patient, when he was more than half-seas-over, and conscious that he was so. Feeling her pulse, and finding himself unable to count its beat, he muttered, "Drunk, certainly!" Next morning, recollecting the circumstance, he was greatly vexed; and just as he was thinking what explanation of his behavior he should offer to the lady, a letter from her was put into his hand. She too well knew, said the letter, that he had discovered the unfortunate condition in which she was when he last visited her; and she entreated him to keep the matter secret, in consideration of the hundred-pound bank-note which she enclosed.—Modern Eloquence.

Consolation.

"I'm feeling very ill again, doctor. Do you thing I'm going to die?"

"My dear madam, compose yourself. That is the last thing in the world that is going to happen to you."

"I simply can't stand the toot of an automobile horn."

"How's that?"

"A fellow eloped with my wife in an automobile, and every time I hear a horn toot I think he's bringing her back."—Minnesota Minnehaha.

OFFICIAL TRANSACTIONS

OF THE

ONE HUNDRED AND FORTY-SIXTH ANNUAL MEETING

OF THE

MEDICAL SOCIETY OF NEW JERSEY

At Spring Lake, N. J., June 11-13, 1912

FIRST DAY.

Tuesday, June 11th.

FIRST MEETING OF THE HOUSE OF DELEGATES

The meeting was called to order at 10:45 A. M., the President, Dr. Daniel Strock, of Camden, in the chair.

The report of the Committee on Credentials was presented by Dr. Harry A. Stout, who stated:

That the committee had examined the credentials of all delegates thus far presented and that a sufficient number to constitute a quorum was present; that the following nominees for permanent delegates had presented credentials in the proper form: Edward Guion, William H. Hicks, Elbert S. Sherman, Elmer G. Wherry, Charles H. Purdy, Immanuel Pyle, George M. Culver, William B. Warner and William Flitcroft, and are recommended for election; that the registration thus far is much larger than usual, and that the reporters, whose names are printed on the program, are eligible to the privileges of annual delegates.

On motion, duly seconded and carried, the report was received and ordered to take the usual course.

It was moved and seconded that the reading of the minutes of the last annual meeting be dispensed with, and that the minutes as printed in the Journal, September, 1911, be approved as the minutes of the society. Carried.

The report of the Recording Secretary on Permanent Delegates was read by Dr. William J. Chandler, of South Orange, and was as follows:

REPORT RELATING TO PERMANENT DELEGATES

To the Medical Society of New Jersey:

Among the duties of the recording secretary is the requirement to keep a record of the election of all permanent delegates, and report to the Medical Society of New Jersey each year which component societies are entitled to additional permanent delegates, and the number, and to also report the names of all such delegates as shall have forfeited their membership.

We had on our list last year 125 members. Of these four have since died—Dr. Stephen Pierson, of Morristown; Dr. Benjamin W. Ferguson, of Beemerville, Sussex County; Dr. John P. Hecht, of Somerville, Somerset County, and Dr. Samuel Johnson, of Asbury Park, Monmouth County. Six counties present nominees this year as follows:

Atlantic County, Edward Guion, Atlantic City; Essex County, Henry J. F. Wallhauser, John F. Hagerty, William H. Hicks, Sarah R. Mead, Elbert S. Sherman and Elmer G. Wherry, Newark; Hudson County, Charles H. Purdy, Immanuel Pyle and George M. Culver, Jersey City; Monmouth County, William B. Warner, Red Bank; Passaic County, William Flitcroft, Paterson; Sussex County, Frederick B. Wilbur, Franklin Furnace.

Dr. Wilbur is nominated to fill the vacancy created by the death of Dr. Ferguson. The quota of Morris County is already full and the vacancy created by the death of Dr. Pierson cannot now be filled. Bergen was entitled to select two nominees, but failed to elect any at its annual meeting.

Permanent delegates, who lose their membership in their respective component societies, lose also their permanent delegateship. If reinstatement is not made during the year their names will be reported to the society and dropped from the roll at its next meeting. This applies to all who drop out of the regular active membership.

This being the regular year to present nominees, all counties whose membership warrants can present candidates. For the next two years only candidates to fill vacancies can be presented.

The attention of all permanent delegates is called to the list of absentees published in the minutes each year. While the secretary has notified those absent for two consecutive years and requested them to send their excuses to the Council, this notification is not compulsory and might very easily be overlooked. Permanent delegates should, therefore, attend to this matter for themselves and see that their names are not dropped from their neglect to send an acceptable excuse.

Respectfully submitted,
William J. Chandler, Secretary.

On motion, duly seconded, this report was received.

Dr. Chandler made a motion that the men whose names had been read (Edward Guion, Atlantic City; William H. Hicks, Elbert S. Sherman and Elmer G. Wherry, Newark; Charles H. Purdy, Immanuel Pyle and George M. Culver, Jersey City; William B. Warner, Red Bank; William Flit-

croft, Paterson) as nominees, and who had presented proper credentials, be now elected as permanent delegates. The motion was seconded and carried.

Dr. Archibald Mercer, of Newark, made a motion that the Secretary be instructed to cast a ballot in favor of these candidates. The Secretary did so, and they were declared elected unanimously.

Dr. H. Genet Taylor, chairman of the Committee on Honorary Membership, stated that the committee had no report to make, as no nominees for honorary membership had been presented.

Dr. William A. Westcott, chairman of the Committee on Business, said that there was no report to make for that committee.

The report of the Committee on Program was presented by its chairman, Dr. William J. Chandler, as follows:

To the Medical Society of New Jersey:

The Committee on Program reports that it has sent out the usual number of programs to the members of this society, to our exchanges and advertisers and to others interested in medical affairs in this State. The labors of the committee have been very much lessened by the prompt and efficient manner in which the Committee on Scientific Work has performed its duties. This latter committee presented its report in ample time, arranged it in proper form for the program and adapted it to the wants of the printer. The selection of papers is most excellent and, if the time limit is strictly enforced, they can probably all be presented as arranged.

Respectfully submitted,

William J. Chandler, Chairman.

The report of the Committee on Scientific Work was presented verbally by Dr. John C. McCoy, of Paterson, its chairman, who said that there was nothing further to report than was contained in the program, and extended the thanks of the committee for the co-operation of the members of the society with them during the past year. Men of national reputation had been obtained to deliver the Orations in Medicine and Surgery, Dr. Richard C. Cabot, of Boston, and Dr. Joseph C. Bloodgood, of Baltimore. Dr. McCoy said that the committee wished to have the business of the society during the Scientific Sessions confined absolutely to scientific work.

This report also was accepted and took the usual course.

The report of the Judicial Council was read by Dr. William H. Iszard, of Camden, chairman of the Council, who also read the reports of the councilors of each of the five districts. These reports were as follows:

REPORT OF CHAIRMAN OF JUDICIAL COUNCIL.

Spring Lake, N. J., June 11, 1912.

Mr. President and Gentlemen:

During the year 1911-1912 we have had eight suits under the "Medical Defence Act," with the following result:

The suits against Drs. Bingham and Bradshaw were withdrawn.

Suits against Drs. J. C. Cole and N. K. Price were both non-suited.

In the case of Dr. Luck, of Paterson, who was sued for assault and battery on a patient, "Annie Tomacko, for having ten teeth extracted without her consent," as alleged in a case of optic neuritis. The claim was $1,500. Jury gave verdict for $500, and the judge reduced the verdict to $250. After going over all the stenographic report of the trial our conclusion was the case had been well defended. This is the first case we have lost. The other four cases are still unsettled, with prospects of never coming to trial.

I desire to call your special attention to that part of the report of Dr. Hunter, councilor of the Fifth District, which refers to the business side of the profession, and trust that it may receive more than a passive notice from this society.

It is with profound sorrow that I report the sudden death of the estimable wife of Dr. William A. Clark, councilor for the Third District and secretary of the Judicial Council, which occurred on April 17, 1912.

Respectfully submitted,

William H. Iszard, Chairman.

FIRST DISTRICT.

East Orange, May 15, 1912.

Dr. William H. Iszard, Chairman.

Dear Sir:—In the counties comprising the First District the year 1911-1912 has been interesting and progressive. All have gained in membership and all are earnest in the effort to bring into membership all the unaffiliated practitioners.

During the year Essex County held five scientific meetings, Morris County three, Warren County two and Sussex County one. In addition the Tri-County Society—Morris, Warren, Sussex—had one. All of the meetings were highly beneficial.

Two members of the Essex County Society have been unfortunate in having malpractice suits brought against them, but fortunate in having the State Society behind them. One case came to trial in March, and the complainant was non-suited. The other is still in abeyance.

It is a noticeable fact that delays and postponements are always on the part of the complainant. From the experience gained the conviction is forced that the animus in these suits is blackmail, the blackmailer weakening upon finding the State Society defending. I have made it a point to urge a subscription to the Journal, when paying dues, if for no other reason, because of the moral effect of State defence.

Thomas N. Gray.

SECOND DISTRICT.

Paterson, N. J., June 10, 1912.

Dear Doctor Iszard:

I hereby submit the report for the Second

District. All the societies in my district, comprising those of Hudson, Passaic, Bergen and Union counties, have done excellent work during the past year. Passaic County has been particularly active along all the lines laid down by the Judicial Council, and has made special efforts to root out the illegal practitioners as well as the professional abortionists. I can say that I am very much gratified with the live interest shown by the county societies of my district, in all the issues pertaining to the advancement and integrity of the medical profession. The only discordance of the past year has been the conviction of Dr. Luck, of Passaic County, for assault and battery, upon a patient. This assault and battery consisted in the extraction of some teeth by a dentist engaged by Dr. Luck. The all-wise jury assessed damages to the extent of $500. The presiding judge, not being as wise as the jury, but having a greater and more normal quantity of grey matter, promptly reduced the damages to $250. The printed evidence in the case is in the hands of the secretary, Dr. Clark, who will be pleased to show it to any of our members.

Very respectfully yours,

Edw. F. Denner, M. D.

THIRD DISTRICT.

Trenton, N. J., June 6, 1912.

Dr. William H. Iszard,
411 North Fourth street,
Camden, N. J.

Dear Dr. Iszard:

The following is my report as councillor from the Third District: I have made one visit during the past year to the Somerset County Medical Society and also one visit to the Hunterdon Medical Society, besides a number of visits to my own, the Mercer County Medical Society. The meetings were all entertaining as well as instructive. A universal feeling toward higher standards of medical education as well as an observance of the code of ethics was noticeable. Prominent speakers have been invited to these meetings from other cities and have given lectures on the most advanced medical thought of the day. It gives me pleasure to report that the societies comprising this councilor district are in a most satisfactory condition.

Yours very truly,

William A. Clark.

FOURTH DISTRICT.

Camden, N. J., June 10, 1912.

I am glad to say for the Fourth District that the Medical Defence Act has not had to be invoked. January 10, 1912, I attended the meeting of the Burlington County Medical Society. President Strock and Third Vice-President Hollingshead were present. Their meetings are always well attended, and entertaining and instructive papers presented. This society is in a healthy condition.

May 9, 1912, I attended a meeting of the Ocean County Medical Society, held at the office of Dr. A. M. Heron, at Lakewood. There were present Dr. A. M. Heron, president; Dr. W. G. Schauffler, secretary; Dr. R. R. Jones, reporter; Dr. Stewart Lewis, vice-president, and Dr. E. G. Herbaner. These doctors are anxious and enthusiastic for a greater interest on the part of the profession in that county for a more active campaign. A course was outlined which, I trust, will be profitable.

Camden County—All of the meetings have been well attended and many interesting and instructive papers have been read. The last and annual meeting of the society was held at the Mohican Club House, on the Delaware. The society was honored with the presence of the president of the State Society, Dr. Strock; Dr. Hunter, councilor of the Fifth District; Dr. Chandler, secretary of the State Society, and Dr. English, editor of the Medical Journal, all making interesting addresses. The address of Dr. A. H. Lippincott, the retiring president, subject, "Sex Hygiene," was of unusual interest and instruction. It opened up a new field for humanitarians to develop.

At the last meeting of this society the dues were raised from $5 to $7 per annum. This, with the suspension of nine members for violating the code and continuing contract work, has caused a temporary reduction in membership. Respectfully submitted,

William H. Iszard,
Councilor for Fourth District.

FIFTH DISTRICT.

Westville, N. J., May 22, 1912.

Dr. William H. Iszard,
Chairman, Judicial Council,
New Jersey State Medical Society.

My dear Dr. Iszard:

The meetings of the county societies in the Fifth District have been interesting and well attended during the past year.

Many interesting and instructive papers have been read, and copies of the same forwarded to the Journal for publication.

Clinics upon diseases of the heart, brain and nervous system, the differential diagnosis of the more obscure lesions of the thoracic and abdominal viscera, the use of the Rœntgen-graph as an aid in their differentiation, have been held by several of the societies (in many instances taking the place of the usual paper), and have proven extremely helpful to the man in general work.

Eminent clinicians and teachers from Philadelphia have favored us with the latest data in their respective specialties at these clinics, and I earnestly urge their more general adoption by the county societies, as being of more practical value than the time-worn paper or essay.

The great strides made in the technic of the Rœntgen-graph and the more accurate interpretation of the plates obtained give promise of their growing usefulness to the general practitioner, in many of the more obscure lesions of the thoracic and abdominal viscera, so difficult to accurately diagnose.

The social sessions, together with the interchange of delegates among the different societies, are now annual features of the work of this district, and are doing much good, making for better personal and professional good fellowship.

The business side of the profession does not receive the attention it deserves. Why not devote at least one meeting a year to the consideration of such things as affect our profession in a business way?

Financially, it is a serious question as to

whether the altruistic efforts of our profession are not going too far. The permitted abuse of the free hospital treatment, free medical and surgical dispensaries by those in authority, which, of course, includes those members of our profession serving therein; free medical lectures to the public upon preventive medicine, tuberculosis, social evils, etc.; free medical treatment in connection with the medical inspection of schools; free medical advice to policyholders from the medical corps of many of our large life insurance companies; lodge and contract practice, and other evils which could not exist without the aid and connivance of medical men, are daily sapping those returns to which as a profession we are justly entitled. I make no reference here to the worthy poor, but only to the abuse, by those well able to pay, of the well-known charity of the medical world. I have it from one of our well-known teachers in one of the largest of the Philadelphia hospitals, that it is no unusual thing for a lady in her automobile to roll up to the hospital with her sick maid, ask free treatment for both maid and herself, and get it.

Is it not time to pause and give serious thought to these abuses fostered at the financial expense of a most worthy profession?

This report would not be complete without noting the opportunities now available, through the work of Dr. L. M. Halsey, to the various county societies, through the clinics held at the State Hospital, Trenton. These clinics upon the various forms of insanity are now open to the profession of the State, and those in authority are glad to receive visits from the county societies. Respectfully submitted,

James Hunter, Jr.,
Councilor, Fifth District.

These reports were accepted and took the usual course.

The report of the Committee on Arrangements was read by Dr. William G. Schauffler, of Lakewood, its chairman, and was as follows:

REPORT OF COMMITTEE OF ARRANGEMENTS.

Mr. President and Gentlemen: The Committee on Arrangements begs leave to report that, in accordance with your instructions of last year, they have made arrangements for this session here in Spring Lake. We hope that you will find everything convenient and to your liking.

The Borough of Spring Lake has been most cordial in its welcome to the society, and, through the interest of its Council and the Board of Trade, has offered to do what it can to welcome you.

Mr. Cliver, the lessee of the bathing privileges, has most courteously extended the bathing facilities free of charge to all members and guests of the society.

The directors of the Spring Lake Golf Club extend to you a hearty invitation to use their new and beautiful links.

The ladies are invited to an automobile ride on Wednesday afternoon at 3 o'clock, further particulars of which will be given later.

Wednesday evening the annual banquet will be served to all members and guests at 7 o'clock and will be followed at 9:15 by an entertainment in the meeting-room. After the entertainment there will be dancing.

The time and place of the Alumni Association smokers will be given out later.

The committee wishes to call your especial attention to our exhibition, whose presence adds materially to the interest of these meetings. In order not to have any interference with the meetings by reason of talking, the exhibitors are given space remote from the meeting-room, which works somewhat to their disadvantage. We, therefore, ask you to look them up yourselves and not pass them by.

All of the exhibitors are men of standing, who represent thoroughly ethical firms, and are deserving of your interest and attention.

Respectfully submitted,

W. G. Schauffler, Chairman.

Dr. Schauffler added that the committee regretted the necessity of asking the members not to smoke during the sessions, as the floor of the ballroom had been injured by this practice the preceding year, and had put the hotel management to considerable expense in order to make it fit for dancing.

It was moved and seconded that the thanks of the society be extended to the Committee of Arrangements for its very able and successful work. Carried.

This report took the usual course.

The report of the Committee on Publication was read by its chairman, Dr. Chandler, and was as follows:

REPORT OF COMMITTEE ON PUBLICATION.

To the Medical Society of New Jersey:

We have issued during the past year the eighth volume of our Journal, 674 pages of reading matter and 120 pages of advertising.

Our expenses have been as follows:

Orange Publishing Co.....	$2,008.09	
Editor's salary and expenses	900.00	
Postage and stationery.....	104.25	
Reprints	64.55	
Typewriting and assistance..	93.50	
Advertising commissions....	50.15	
Miscellaneous	11.17	
		$3,231.71

Our receipts have been as follows:

Advertisements	$1,151.16	
Sales and special subscriptions	14.89	
		1,166.05
Net cost of the Journal		$2,065.66

Our net cost this year is slightly less than that of last year and the total number of pages of reading matter is somewhat greater. There have been no unusual difficulties in the work and the issues of the Journal have been quite uniform and regular.

Last year we recommended a voluntary subscription plan—separating the annual dues from the subscription to the Journal—in order to conform to the requirements of the United States postal regulations. There was considerable uncertainty as to how this plan would work out,

but the result shows that it was supported almost unanimously by our members. It attests the high estimation in which the Journal is held as well as the loyalty of the membership to the interests of the society when the result shows that out of a total membership of about 1,500, only three have dropped their subscriptions to the Journal. This result is very gratifying to the Committee on Publication and a complimentary endorsement of the labors of our faithful and efficient editor.

The work which our Journal was established to perform has been carried on with remarkable success. Our members are given not only all of the transactions of the House of Delegates and of the Scientific Sessions of our annual meetings, but each month papers are presented from the pens of able writers outside of our membership. There are, in addition, personal notes, reports of local societies, hospitals, sanatoria, valuable excerpts from current literature, etc., together with editorials on various matters of professional interest, which combine to make our Journal a welcome visitor each month to all of our members.

This gratifying condition exists not only in the Medical Society of New Jersey, but is duplicated in most of the State societies issuing journals. The change from the publishing of the "old transactions" to journalizing has been quite popular and successful. The labor has, however, been increased and the responsibility incurred by the Publication Committee and the editor is very much greater than was at first anticipated. In forecasting the future we feel that the great work of the medical profession will be done through these journals, headed by the magnificent Journal of the American Medical Association. The diffusion of the knowledge of scientific medicine, the methods for the relief of suffering, the prevention of disease and the uplifting of the members of our own profession will be done mainly through these agencies.

Some of the independent journals are doing good work along these lines, but we cannot depend on them for the disinterested support we need to accomplish our mission. Most, if not all of the independent journals are in journalism, as a business—to make money. Any course, which cuts off revenue is, if possible, avoided. It is for that reason that they are not united with us in condemning and refusing advertisements of a questionable or even well-known unreliable character. Were we to take such matter in our advertising columns we could easily have double or treble our present income, but we would forfeit all claim to self-respect. Some of the so-called medical journals are only an advertising medium, with just enough medical matter, mainly copied from other journals to maintain their name. It is for this reason that we have before advised medical men not to permit their papers to appear in those journals which circulate this class of advertising, and yet, I regret to say, there are many who persist in sending the product of their pens to these journals. Many do so thoughtlessly. They never read the advertising columns. Some do so to gain a wider circulation for their writings. Some may be tempted by the reprints which are furnished gratis in exchange for their paper. To all such I would only say that if their paper is of real value it will be copied or abstracted in other journals and I would also ask them to carefully consider the inconsistency of their course and the injury they are doing to the cause, which they, as well as we, have at heart, by contributing so liberally to the resources of the enemy. Until we can correct this practice in our own ranks we shall fight unsuccessfully against objectionable advertising.

Respectfully submitted,

Wm. J. Chandler, Chairman.

The report of the Corresponding Secretary was presented verbally by Dr. Harry A. Stout, of Wenonah, who said that he had endeavored to attend to all the duties pertaining to his office.

Reporting for the Committee on Prize Essay, in the absence of Dr. J. D. McGill, of Jersey City, its chairman, Dr. David C. English, of New Brunswick, stated that no prize essays had been presented.

The report of the Board of Trustees was read by its secretary, Dr. David C. English, of New Brunswick, and was as follows:

REPORT OF THE BOARD OF TRUSTEES.

The Board of Trustees reports: That in January last they authorized the treasurer of the society to sell one of the bonds, in his possession, belonging to the society, in order to meet the current expenses of the society, as the extraordinary bills ordered paid at the last annual meeting had exhausted the cash balance then reported as in the treasurer's hands.

At the meeting of the board held last evening, Dr. John W. Ward was re-elected chairman and Dr. D. C. English secretary.

Treasurer Mercer read his report, which showed $3,610.89 cash on hand and two bonds, the present value of which was about $1,625. Drs. N. L. Wilson and W. B. Johnson were appointed a committee to audit the treasurer's accounts. The treasurer was authorized to sell one or both bonds on hand, if at any time during the coming year it shall be necessary in order to meet the society's current expenses.

Dr. W. J. Chandler presented the report of the Publication Committee, also his report as recording secretary, with a supplementary report on permanent delegates, the latter showing 125 on roll at the beginning of the year, 4 deaths during the year, and that 14 additional nominees had been presented by the component societies for election at this annual meeting.

Dr. D. C. English was re-elected editor of the Journal of the Medical Society of New Jersey for the year beginning July 1, 1912, at the same salary as last year.

At a meeting held this (Tuesday) morning the following action was taken in reference to medical defense, in view of the delay and difficulty in selecting an attorney for each individual case during the past year:

Resolved, That we recommend to the society that a competent lawyer be appointed as the society's legal adviser in all cases of medical defense and in all other matters requiring legal advice; provided the trustees can make satisfactory arrangements therefor.

Resolved, That we recommend the selection of Mr. Albert C. Wall, of the firm of Vredenburg, Wall & Carey, of Jersey City, as such legal adviser, if satisfactory arrangements can be made by the trustees with him, and that in the event of his non-acceptance of the position, that the trustees be empowered to secure a legal adviser.

The board was led to make this latter recommendation in view of the fact that Mr. Wall had had charge of most of our cases during the past year, had managed them wisely and won every case he had defended.

Dr. Chandler presented the matter of making a uniform date for the beginning of the fiscal year of the State and the component societies, as recommended by the American Medical Association at its annual meeting this year, and, after considerable discussion, the following was unanimously adopted:

The Board of Trustees recommends to the society that the fiscal year of the State Society, on and after January 1, 1914, be from January 1 to December 31, and that the Journal year be changed to correspond therewith; that all component societies be urgently requested to make a change in their by-laws which will make the fiscal year of each society to be from January 1 to December 31, and that the annual meeting of each component society be held in October.

Drs. Wilson and Johnson, the auditing committee reported that they had examined the treasurer's accounts and found them correct.

Bills were presented for the defense of Dr. Luck, of Passaic County, amounting to $253.06, and they were ordered paid, having been endorsed by the councilors.

A supplementary report will be presented at the closing session of this annual meeting.

John W. Ward, Chairman.

David C. English, Secretary.

It was moved and seconded that the report be received and its recommendations adopted. Carried.

The report of the Treasurer was read by Dr. Archibald Mercer, of Newark, and was as follows:

REPORT OF THE TREASURER.

Dr. Archibald Mercer, Treasurer, in account with the Medical Society of New Jersey.

Cr.

1911-12.		
June	1—Essex Co. additional payment	$27.00
"	1—Camden Co. additional payment	4.00
"	1—Ocean Co. additional payment	2.00
"	5—Receipts from Journal	985.17
"	6—Camden Co. additional payment	2.00
"	6—Monmouth Co. additional payment	4.00
"	6—Essex Co. additional payment	12.00
"	8—Morris Co. additional payment	8.00
"	13—Middlesex Co. additional payment	8.00
June	13—Essex Co. additional payment	4.00
"	13—Bergen Co. additional payment	6.00
"	21—Middlesex Co. additional payment	6.00
"	27—Monmouth Co. additional payment	4.00
July	1—Interest, Bond North. Pacif., Great North., C. B. Q. Coll.	10.00
"	1—Interest, Bond Chicago & Alton	17.50
"	19—Passaic Co. additional payment	10.00
"	26—Warren Co. additional payment	12.00
"	30—Fidelity & Casualty overpaid check	.50
Aug.	1—Interest, Bond N. Y. Cent., Mich. C., Coll.	17.50
"	1—Essex Co. additional payment	2.00
"	6—Atlantic Co. additional payment	2.00
Sept.	30—Hudson Co. additional payment	2.00
Oct.	1—Interest, Bond North. Pacif., Great North., C. B. & Q., Coll.	10.00
"	9—Warren Co. additional payment	6.00
"	13—Camden Co. additional payment	2.00
Nov.	8—Essex Co. additional payment	2.00
"	15—Passaic Co. additional payment	2.00
"	28—Warren Co. additional payment	4.00
1912.		
Jan.	1—Interest, Bond North. Pacif., Great North., C. B. & Q. Coll.	10.00
"	1—Interest, Bond Chicago & Alton	17.50
"	2—Monmouth Co. assessment	102.00
"	22—Essex Co. additional payment	6.00
Feb.	1—Interest, Bond N. Y. Cent., Mich. Cent. Coll.	17.50
"	3—Bank interest to date on daily balance	39.28
"	8—Essex Co. additional payment	12.00
"	14—Atlantic Co. additional payment	1.00
"	14—Essex Co. additional payment	2.00
"	28—Monmouth Co. additional payment	2.00
Mar.	8—Essex Co. additional payment	6.00
"	25—Atlantic Co. additional payment	5.00
"	29—Sale of Bond, N. Y. Cent., Mich. C. Coll.	784.39
April	1—Interest, Bond North Pacif., Great North., C. B. & Q. Coll.	10.00
"	2—Essex Co. additional payment	6.00
"	29—Atlantic Co. additional payment	1.00

May	1—Dr. Chandler, overpaid bill	3.85
	—Atlantic Co. assessment	144.00
	—Bergen Co. assessment	120.00
	—Burlington Co. assessment	64.00
	—Camden Co. assessment	126.00
	—Came May Co. assessment	44.00
	—Cumberland Co. assessment	64.00
	—Essex Co. assessment	734.00
	—Gloucester Co. assessment	46.00
	—Hudson Co. assessment	416.00
	—Hunterdon Co. assessment	36.00
	—Mercer Co. assessment	136.00
	—Middlesex Co. assessment	90.00
	—Monmouth Co. assessment	——
	—Morris Co. assessment	118.00
	—Ocean Co. assessment	30.00
	—Passaic Co. assessment	248.00
	—Salem Co. assessment	44.00
	—Somerset Co. assessment	54.00
	—Sussex Co. assessment	38.00
	—Warren Co. assessment	54.00
	—Union Co. assessment	178.00
Bank interest on daily balance to date		2.68
Balance in bank, June 1, 1911		4,227.49
$1,000 Bond, North. Pacif., Grt. North., C. B. & Q. Coll., 4%, cost		972.50
$1,000 Bond, Chicago & Alton, 3½%, cost		786.50
		$10,970.36

Dr.

1911-12.		
June	13—Dr. L. M. Halsey, Legislative Committee	$125.00
"	13—Dr. W. J. Chandler, Publication Committee	204.17
"	15—L. Gay, stenographer	75.00
"	20—Dr. W. H. Iszard, Councilor	28.50
"	20—Dr. T. N. Gray, Councilor	44.00
"	20—Dr. James Hunter, Councilor	25.00
"	20—Dr. T. M. Rector, Scientific Committee	12.39
"	20—Dr. A. McAlister, Scientific Committee	10.85
"	20—Dr. W. G. Schauffler, Legislative Committee	15.08
"	20—Dr. W. J. Chandler, Publication Committee	225.00
"	20—Dr. W. J. Chandler, Recording Secretary	217.45
"	20—Dr. A. Mercer, Treasurer	15.60
"	20—The Charles M. Robbins Co., badges	91.80
"	20—The Constitution Co., printing	1.50
"	25—Dr. D. C. English, Secretary Board of Trustees	6.80
"	24—Dr. Edward F. Dennis, Councilor	6.00
"	27—Vredenburg, Wall & Carey, medical defense	95.40
July	13—The Orange Publishing Co.	145.78
"	24—Fidelity & Casualty Co., treasurer's bond	12.50
"	26—John A. Montgomery, legal.	100.00
"	26—Dr. Wm. J. Chandler, Publication Committee	79.21
"	26—Dr. D. C. English, Legislative Committee	3.00
"	28—Dr. Harry A. Stout, Corresponding Secretary	29.70
Aug.	2—Dr. Wm. J. Chandler, Publication Committee	175.00
Aug.	4—Dr. Grafton E. Day, first prize essay	100.00
"	4—Dr. C. C. Beling, second prize essay	50.00
Sept.	21—Dr. Wm. J. Chandler, Publication Committee	213.88
"	21—Dr. Wm. J. Chandler, Publication Committee	519.19
Nov.	21—Dr. Wm. J. Chandler, Publication Committee	178.72
Dec.	16—Dr. Wm. J. Chandler, Publication Committee	164.20
"	20—Dr. Luther M. Halsey, Legislative Committee	2,016.08
1912.		
Jan.	17—Dr. Wm. J. Chandler, Publication Committee	418.61
Feb.	15—Dr. Wm. J. Chandler, Publication Committee	157.62
Mar.	1—Vredenburg, Wall & Carey, medical defense	14.00
"	24—Dr. W. J. Chandler, Publication Committee	163.80
April	29—Dr. W. J. Chandler, Publication Committee	166.44
"	29—Dr. W. J. Chandler, Recording Secretary	124.25
May	9—Albert C. Wall, medical defense	236.80
"	18—Dr. Wm. J. Chandler, Publication Committee	207.15
"	27—Dr. Wm. J. Chandler, Publication Committee	225.00
Balance in bank June 1, 1912		2,510.89
$1,000 Bond, North. Pacif., Grt. North., C. B. & Q. Coll., 4%, cost		972.50
$1,000 Bond, Chicago & Alton, 3½%, cost		786.50
		$10,970.36

Respectfully submitted,

Archibald Mercer, Treasurer.

June 4, 1912.

The report was received.

Dr. David C. English, secretary of the Board of Trustees, presented several bills from the Councilors and others which had been approved by the Finance Committee. These were ordered paid.

The report of the Recording Secretary was read by Dr. Chandler, and was as follows:

REPORT OF THE RECORDING SECRETARY.

To the Medical Society of New Jersey:

The preliminary membership lists show the usual steady gain in numbers. Eight counties show a gain, eight show a loss, and five are stationary. Except for a large (33⅓%) loss in one of our larger counties, we should now have a membership in good standing of over 1,500. Many of the delinquents in all the counties under the persuasive powers of the county treasurers will shortly make good their delinquencies and swell our number before the lists are finally closed to 1,500 or more.

The following counties show gains: Atlantic,

Bergen, Cape May, Cumberland, Essex, Hudson, Ocean and Warren. The following show losses: Burlington, Camden, Gloucester, Mercer, Middlesex, Passaic, Somerset and Union. The following are stationary: Hunterdon, Monmouth, Morris, Salem and Sussex.*

Atlantic and Essex lead with a net gain of eleven members each. Essex has received 39 new members, but owing to a number of delinquencies, its net gain is as yet only eleven.

We have lost some by removals and a larger number than usual by death. The latter list includes the following: Stephen Pierson, Morristown; E. E. Howard, Somers Point; C. V. Butler, New Brunswick; George M. Ridgeway, Trenton; Robert L. Burrage, Orange; Samuel A Helfer, Hoboken; J. Gaunt Edwards, Williamstown; Benjamin W. Ferguson, Sussesx; William C. Parry, Hainesport; William C. Boone, Plainfield; Hugh P. Roden, Newark; Richard R. Rogers, Jr., Trenton; John B. Hecht, Somerville; William M. Moore, Pawnee, Okla.; David T. Bowden, Paterson; Charles P. Britton, Trenton; Philippe Ricord, Newark.

There is a matter of considerable importance, which we as a society should take into consideration and act upon at an early date—this year, if possible. It concerns the State Society and each of the component societies. I refer to the want of uniformity in our current years. The year of the Journal and of the State Society begins on June 1st. The years of the component societies begin in almost all of the months, from November around to June. One society begins its year in November, one begins in December, three begin in January, one in March, eleven in April and four in May. You can readily see that this would create confusion in the case of transfer from one society to another, with a differing current year. But it also creates trouble in another way. A new member joins a component society. He pays his dues and thinks that he is now on the same footing as all the other members, but unless his dues to the State Society for *its* current year are also paid he is not yet in good standing. It is still more annoying if the said new member wishes to join the American Medical Association. He writes to the association and applies for membership and states that he is a member of —— county society. The county secretary often writes that the applicant is a member in good standing, and thus vouches for him. The American Medical Association then writes to the secretary of the Medical Society of New Jersey to vouch for the standing of the applicant. Your secretary has received no dues for our current year and has to decline to certify the credentials of the applicant. This is embarrassing to your secretary and especially so to the applicant who cannot understand that the dues he paid are for another current year than the one adopted by his county society. In other words, a member joining a county society in March or April or May pays his dues in advance for the year beginning in March or April or May in that society, but these dues include the dues for the State Society, whose year does not begin until the first of June following. He is, therefore, not in good standing in the State Society (nor in his own county society) until the first of June. The only way at present for a new member to enter at once into good standing is to pay his dues to the State Society for its current year, and some make objection, especially if that year has nearly expired.

Now all this annoyance could be avoided if the current years of all of the component societies and the State Society coincided. If we agree to that, then arises the question, When shall that current year begin? And just here we will do well to take advice from those who have studied the matter thoroughly for all of the State and component societies in the country. A committee appointed by the A. M. A. to consider this subject advised that the current year for all of these societies should correspond with the calendar year, viz., January 1st to December 31st, inclusive. They also suggested that with this arrangement the month of October would be the best for the holding of annual meetings. After the annual meetings the treasurers would have three months in which to collect the dues, and all members whose dues were not paid within that time should be dropped, or suspended until their dues were paid. Some of us may object to a change in the accustomed date of the annual meeting for our county society, but we will do well to consider the advice of these experienced organizers. However, it is not so important when we hold the annual meeting as it is that we *change our fiscal year* to correspond with the calendar year and so obtain a uniformity in State, county and national organizations. This will require only a slight change in one section of our State by-laws, and probably a similar change in the by-laws of most of the component societies. We can accomplish the first at this session of the society and the component societies can make the necessary changes in their by-laws before our next annual meeting. The adjustment of the assessment can be arranged when we fix the assessment for the next year. We shall then have a harmonious combination of our various conflicting current and fiscal years and much annoying and unnecessary correspondence will be avoided. Respectfully submitted.

Wm. J. Chandler, Secretary.

It was moved and seconded that this report be received and its recommendations adopted. Carried.

The following amendment to the Constitution, which had been presented last year, was read by the Secretary:

"Article VI. of the Constitution: Strike out the words 'first vice-president,' and substitute the words, 'three vice-presidents.'"

Dr. Strock asked that the consideration of this amendment be postponed until the following day, so that the members might listen to the President's address before taking final action on it.

It was moved by Dr. F. D. Gray, of Jersey City, and duly seconded, that this be done. Carried.

The Secretary then presented the following amendments to the By-Laws:

*Since the above was written some of these counties have changed their position as to numbers, owing to reinstatement of delinquents.

"Chapter IX., Section 7: Strike out the first sentence, and substitute for it, 'The Committee on Publication shall consist of three members, who shall be elected annually.'

"Chapter XII., Section 1: In the second paragraph, strike out the words, 'two weeks before the beginning of the fiscal year,' and substitute for them the words, 'one month before the annual meeting.'

"Chapter XII., Section 3: In the second line, strike out the word 'June,' and substitute the word 'January.' Strike out the whole of the next sentence, and substitute for it the following: 'Each member received into a component society between the first day of January and the first day of October shall pay the full assessment of the Medical Society of New Jersey for that fiscal year; but each member received between the first day of October and the first day of January following shall pay one-half of that assessment.' "

It was moved and seconded that the credentials of Dr. William M. Leszynsky, of New York City, a delegate to the Medical Society of New Jersey from the Medical Society of the State of New York, be received, and that he be invited to sit with the members of the society during the session. Carried.

Dr. Alexander McAlister, of Camden, one of the alternate delegates to the American Medical Association, presented the report of the delegates to the American Medical Association verbally.

He said that the report of the Committee on Anesthesia had recommended ether as the best anesthetic, and had stated that chloroform should not be used because it is dangerous. A new section had been added to the American Medical Association, a section on Orthopedics. A very active canvass had been conducted to have a new section on Proctology and one on Physico-Therapeutics, but this failed. In regard to the classification of the various medical colleges, the recommendations were the same as before: that a four-years' course with a previous high school certificate, or its equivalent, should be required. The Committee on Investigation of Hospitals and their various facilities favored giving the internes the fifth-year course. The report of the Committee on Health and Public Instruction stated that they had appropriated sixteen hundred dollars for the furthering of their work. The committee also recommended that ophthalmia neonatorum be made reportable to the Board of Health. The House of Delegates also adopted a new button, and referred it to the Board of Trustees with power to act. It has a red background, on which is a gold rod with a serpent around it. There was also a recommendation made by the delegate from the British Medical Association that a joint meeting of the American Medical Association with the British Medical Association be held in the near future. There was also a delegate present from New Zealand, who gave a cordial invitation to all the members to visit that country next year, when a congress is to be held there. The trip takes about three months, without any side trips, and five months with it.

Another matter spoken of was the project of changing the fiscal year to correspond with the calendar year. In regard to the matter of the election of officers of the American Medical Association for the ensuing year, Dr. McAlister explained that there had been no opposition to the election of Dr. Witherspoon, of Tennessee, as president. When that had been confirmed, Dr. McCormack, of Kentucky, nominated Dr. P. A. Harris, of New Jersey, as first vice-president, before any of the delegates from New Jersey had an opportunity to say anything. The election of second vice-president went through in the same way. The New Jersey men were anxious to have Dr. Conaway nominated for one of the vice-presidents, so his name was presented for third vice-president, along with five or six others. He polled a large vote, but it was thought better not to have two of the vice-presidents from New Jersey.

It was moved and seconded that the report be received. Carried.

Dr. Strock stated that he had been selected by the Committee of Arrangements of the American Medical Association to make an address of welcome on behalf of the New Jersey Medical Society, and that he had endeavored to perform this duty to the best of his ability and in a manner that he trusted was acceptable to those present.

Dr. Chandler read the resignation of Dr. F. D. Gray as a permanent delegate from Hudson County.

The resignation was accepted.

Adjourned at 12:10 M.

SECOND MEETING OF THE HOUSE OF DELEGATES.

Tuesday Afternoon, June 11th.

The meeting was called to order by the President at 3:00 P. M.

The invocation was delivered by Rev. Francis E. Purcell, pastor of the Spring Lake Methodist Episcopal Church:

O God, our Father, Thou who art the giver of every good and perfect gift, we ask that Thy blessing may rest in a special manner on this one hundred and forty-sixth session of this medical society. May each of these, Thy servants, realize continually that Thy hand rests on them for good.

We thank Thee for the marvelous progress that has been made—progress so wonderful as to be almost beyond the grasp of human thought; and we pray that Thy servants, who are now investigating and studying, may be so illuminated and helped by Thy divine wisdom that these blessings of the past may be ex-

celled, by reason of still more wonderful things to be revealed in the near future for the advance of the race, for the lessening of the suffering of mankind, and for the hastening of that time when sin and disease and misery and pain will become things of the past.

We ask that Thy richest blessing may be given to Thy servants, as they assemble here. May divine wisdom be granted them, along with human reason and intelligence; and, as the outcome, may they realize that they have made progress, and have a larger vision. May each day find them with a clearer vision of the infinite and eternal, and a deeper peace in their hearts.

We ask that Thy mercy may be given to them, as they go and come. May Thy preserving care be over them and their loved ones, and over all whom they would pray for; may it keep them throughout the journey of life, and, when it is over, bring them to the higher service of the sky. We ask all these mercies in the name of Him who has taught us, when we pray, to say: Our Father, Who art in heaven, etc.

The address of welcome was delivered by Dr. Samuel R. Knight, of the Council of the Borough of Spring Lake, as follows:

Mr. President and Members of the Medical Society of New Jersey:

In the absence of Senator Brown, I was requested to extend to you the hospitality of Spring Lake. We feel highly honored in entertaining such a society. We trust that in three or four days you may go away with such a pleasant recollection of the place that you will wish to come back again next year. I hope that you may have a little room left, after all the scientific work, for some enjoyment of our attractions. I have always told the members of our Council that of all people who have visited us, none have done more for this town than you gentlemen who are here now. We shall be glad to see you another year.

Dr. Chandler then read the names of the members of the Nominating Committee, as follows:

NOMINATING COMMITTEE.

Atlantic County—Walt P. Conaway, Atlantic City.

Bergen County—George Howard McFadden, Hackensack.

Burlington County—J. Boone Wintersteen, Moorestown.

Camden County—Henry H. Davis, Camden.

Cumberland County—George S. Spence, Leesburg.

Essex County—Linn Emerson, Orange.

Gloucester County—Harry A. Stout, Wenonah.

Hudson County—George E. McLaughlin, Jersey City.

Hunterdon County—Floyd A. Thomas, Flemington.

Mercer County—Henry A. Cotton, Trenton.

Middlesex County—Frank M. Donohue, New Brunswick.

Monmouth County—D. Edgar Roberts, Keyport.

Morris County—E. Moore Fisher, Greystone Park.

Ocean County—William G. Schauffler, Lakewood.

Passaic County—Robert M. Curts, Paterson.

Salem County—Henry Chavanne, Salem.

Somerset County—Josiah Meigh, Bernardsville.

Sussex County—Harvey D. Van Gaasbeek, Sussex.

Union County—William H. Lawrence, Jr., Summit.

Warren County—James M. Reese, Phillipsburg.

It was moved and seconded that Dr. Henry Chavanne, of Salem, be recognized as the representative of Salem County on the Nominating Committee, in the absence of any other delegates from that county. Carried.

The Secretary announced that the Nominating Committee would meet in Room 17 at 5 o'clock.

Adjourned at 3:15 P. M.

FIRST GENERAL SESSION.

Tuesday Afternoon, June 11, 1912.

Called to order at 3:15 by the President. (Full reports of all the papers and discussions will be printed later.)

BLINDNESS IN CHILDREN.

D. E. English, Summit.

Discussed by Drs. Johnston, Wilson, Emerson, F. D. Gray and English, closing. Chavanne then spoke, and was replied to by Johnston.

ORATION IN SURGERY.

John Colt Bloodgood, Baltimore.

Vote of thanks, proposed by Dr. Curts.

VACCINE THERAPY.

Gordon K. Dickinson, Jersey City.

Dr. Wilson then took the chair.

Discussed by Drs. McCoy, McLaughlin, Johnston, Hance, Gray and Dickinson, closing.

THE DOCTOR AND EUGENICS.

Thomas W. Harvey, Orange.

Discussed by Drs. Weeks, F. D. Gray, Leszynsky, Rosenwasser, Balleray and Harvey, closing.

Dr. Hollingshead took the chair.

AN ANALYSIS OF THE REFRACTING OPTICIAN EVIL. AN APPEAL TO THE GENERAL PRACTITIONER.

Linn Emerson, Orange.

Discussed by Drs. Wilson, McKechnie, Carl E. Sutphen, and Emerson, closing.

CYCLIC VOMITING IN CHILDERN.

Frank R. Sandt, Paterson.

Discussed by Drs. Harreys, Marcy, P. Marvel, Chavanne and Sandt, closing.

Moved by Dr. McCoy that Dr. Lippincott's paper be deferred until after the Third Vice-President's address on Wednesday afternoon. Seconded and carried.

Adjourned at 6:35 P. M.

SECOND GENERAL SESSION.

Tuesday Evening, June 11, 1912.

Called to order at 8:15 P. M., by Dr. Wilson.

ORATION IN MEDICINE — SOME DIAGNOSTIC PITFALLS.

Richard C. Cabot, Boston, Mass.

Dr. Wilson said he was sure he voiced the sentiments of all in saying that they had enjoyed this exceedingly practical and useful paper.

ANNUAL ADDRESS OF THE PRESIDENT.

Daniel Strock, Camden.

A vote of thanks was extended to the President.

Dr. Strock then took the chair.

PRESENTATION OF GAVEL TO THE PRESIDENT.

DR. WILLIAM A. WESTCOTT, BERLIN.

Ladies and Gentlemen: I believe that I am a member of the Business Committee. You may think it a little irregular for me to talk business now, and maybe it is, after having listened to such a beautiful and intellectual talk from the President of this society; but I have never had any business to attend to since I have been on this committee, and am now delighted that I have at last got a piece of business that is unusually pleasant. Some one has said that a touch of nature makes the whole world kin, and another fellow has stated that to know people you must live with them. Of course, I am addressing you but the most of my address is being delivered to the President and to another gentleman, whose name I will not give you now, but who sits back of me. They are both members of the family down in Camden County; and it is living with them, day after day, that makes you appreciate their character and learn to love them. Therefore, I am going to express the yearning in my heart by reciting three lines from Kipling's Salutatory Poem:

"I have eaten your bread, and have drunk your water and wine;
The deaths ye died, I have watched beside,
And the lives that ye led were mine."

The gentleman who is back of me has also lived with me where there was laughter; but I learned more of his mind when he also lived with me where there were tears. Consequently, to consider this business, I must introduce to you my old friend, Dr. William H. Iszard.

DR. ISZARD, CAMDEN.

President Strock: How few men are conscious of the lessons they are silently teaching their fellows, day by day, month by month, and year by year, by their daily walk, talk and fidelity to business methods. And how unconscious are we of the influence we are exerting on our fellows, either for good or evil, in the molding of their opinions and the shaping of their future course in life, social, business, political and religious. And how signally true is it in the medical profession.

Perhaps I could not better illustrate this fact than by referring to your own self, if your modesty will permit it. Your professional life has been one of steady growth and an open book. You have moved along in the pursuit of your professional duties with an eye single to the welfare of unfortunate humanity. Your idle moments have been devoted to the preparing and reading of many valuable papers; to the editing and publishing of our bright little society journal called "The Journal of the Camden County Medical Society," of which we are all proud and which we are glad to receive. Your efforts have been toward the uplifting of the standard of your profession and toward fostering a closer relation of its members. Recognizing these valuable traits of character and ability, you have been called to the presidency of your home city medical society, to the presidency of your home district medical society, to the presidency of the State Sanitary Association, and now, last, but not the least, to preside over the oldest State medical society in the United States—The Medical Society of New Jersey. And, in deference to this great honor, the Camden County Medical Society (your home society) has delegated to me the honor of presenting to you this beautiful gavel, the emblem of authority, with the following inscription: "Presented to Dr. Daniel Strock, President of the Medical Society of New Jersey, by the Camden County Medical Society, 1912." Accept it, with the best wishes of your friends and fellow members, and may it always remind you of those beautiful latin words, viz., "Vera amicitia et sempiterna."

DR. STROCK, CAMDEN.

If this were not in certain respects such a trying ceremony, it would be a most pleasant one. I wish to express my sincere thanks to you, Dr. Iszard, and to the Camden County Medical Society, for the great honor that they are doing me at this moment. I had occasion to speak of the great honor done me by the Medical Society of New Jersey this evening; but this is an added honor, which must increase the honor that I have previously spoken about.

I have felt that there is nothing in a man's professional life that could be so sweet as to know that he had the approbation of his fellow men—the doctors who meet him in the private houses, in the hospital, or in the street; to have these same doctors feel, in after years, that there is something in him to cause them to express their appreciation of him in various ways, is most pleasant indeed. I do not want to take up too much time, as there are other papers to hear; but, as I had to wait, it is not too much for me to ask the authors of these papers to wait while I say a word or two that may not prove uninteresting to you:

My first visit to the House of Delegates of the Medical Society of New Jersey was in 1887; and I can never forget the pride I felt in the fact that my county society had chosen me to represent them as an annual delegate. I rode up from the station in a hack which had one

other occupant, who never spoke to me during the trip. That individual has since filled this chair, but is now deceased. My first impression was not favorable to the Medical Society of New Jersey. I listened to the discussions and the papers. I recall the banquet, and the toasts that were responded to. I felt that I was honored by the society; and I then and there determined that I would some day occupy the exalted position that I saw one individual occupy, the presidency of the society. That ambition has been ever present with me in the sense that I felt that anything that I could do to advance the interests of the profession would advance my ambition. That will be true of every individual in the society. It shows the culmination of an ambition that was first formed because I was ambitious to represent the society worthily. That is the ambition that has reached its culmination to-night, and I thank the Camden County Medical Society and Dr. Iszard for this gift. I shall keep it as long as I live, and place it where people will see it.

MOVING PICTURE ILLUSTRATIONS OF NERVOUS DISEASES.

T. H. Weisenburg, Philadelphia, Pa.

EMBRYOLOGICAL AND ANTE-NATAL FAULTS AS THE CAUSE OF CERTAIN TUMORS, CYSTS AND ANOMALIES, WITH PARTICULAR REFERENCE TO TERATOMAS AND TERATOBLASTOMAS.

Harrison S. Martland, Newark.

Vote of thanks.

DEMONSTRATION OF COLORED MICROPHOTOGRAPHS, SHOWING SOME ABNORMAL CONDITIONS OF THE CORTEX.

Made by the Lumiere Process.
First demonstration in this country.

Henry A. Cotton, Trenton.

Vote of thanks.

Adjourned at 11:15 P. M.

PRESENTATION OF FLOWERS TO DR. STROCK.

THIRD GENERAL SESSION.

Wednesday Morning, June 12, 1912.

Called to order at 9:35 A. M., by Dr. Strock.

Announcement of smokers that evening by Dr. Schauffler.

SYMPOSIUM ON CHILD LIFE.

THE RELATION OF THE PHYSICIAN TO THE PHILANTHROPIC AND SOCIOLOGIC WORK OF THE COMMUNITY IN CHILD LIFE.

Henry L. Coit, Newark.

THE STATE'S RESPONSIBILITY FOR ITS SCHOOL CHILDREN.

Wm. G. Schauffler, Lakewood.

THE RELATION OF THE MUNICIPALITY TO THE CHILD.

Andrew F. McBride, Paterson.

Discussed by Drs. F. H. Todd and J. Finley Bell.

EDUCATIONAL HYGIENE AND PROPHYLAXIS.

George J. Holmes, Newark.

THE OBJECT AND INTENT OF MEDICAL INSPECTION OF SCHOOL CHILDREN.

Wentworth S. MacDonald, Montclair.

(Read by Dr. Ayers, in author's absence.)

Dr. Chandler made a motion that those not on the program to discuss papers be given the privilege of doing so after all the papers in the symposium had been read. Seconded and carried.

Dr. MacDonald's paper discussed by Dr. Ayers.

Dr. Johnson moved that the previous action of the society be reconsidered, and that the discussion be thrown open to the members generally after each paper had been read and had been discussed by those on the program to open the discussion upon it. Seconded and carried.

The two papers of Drs. Holmes and MacDonald were discussed by Drs. Rosenwasser, Dickinson, D. C. English, Clay, Schauffler, C. E. Sutphen, and Sherman.

THE IMPORTANCE OF THE CARE OF THE EYE, EAR, NOSE AND THROAT IN SCHOOL CHILDREN.

Joseph Tomlinson, Bridgeton.

Discussed by Drs. Johnson, Wilson, Emerson, Eagleton, Rosenwasser, Sherman and Davis.

SKIN AFFECTIONS IN CHILDHOOD.

Henry J. F. Wallhauser, Newark.

Discussed by Drs. Newman, and Wallhauser, closing.

SOME DIFFERENCES IN THE SURGERY OF CHILDREN AND ADULTS.

Ellis W. Hedges, Plainfield.

Discussed by Drs. Dickinson, Lawrence, Mead, F. D. Gray and McCoy.

THE ADMINISTRATION OF ANESTHETICS TO CHILDREN.

George E. Tuers, Paterson.

Discussed by Drs. Pinneo, Marvel, F. D. Gray, Hedges, and Tuers, closing.

THE IMPORTANCE OF THE CARE OF CHILDREN'S TEETH.

J. H. Duffield, D. D. S., Camden.

Discussed by Drs. Schauffler, Newton, McAlister, and Duffield, closing.

Moved and seconded that the remainder of the morning's program be put off until the afternoon session. Carried.

Adjourned at 1:10 P. M.

THIRD SESSION OF THE HOUSE OF DELEGATES.

Wednesday Afternoon, June 12, 1912.

The meeting was called to order by the President at 3:00 o'clock.

The report of the Nominating Committee was presented by its chairman, Dr. Robert M. Curts, of Paterson, as follows:

REPORT OF NOMINATING COMMITTEE.

Mr. President and Gentlemen of the House of Delegates:

The Nominating Committee reports the following nominations for officers and committees and delegates to the American Medical Association:

President—Norton L. Wilson, of Elizabeth.

First Vice-President—Enoch Hollingshead, Pemberton.

Second Vice-President—Frank D. Gray, Jersey City.

Third Vice-President—William J. Chandler, South Orange.

Recording Secretary—Thomas N. Gray, East Orange.

Corresponding Secretary—Harry A. Stout, Wenonah.

Treasurer—Archibald Mercer, Newark.

For Councilors—First District, Christopher C. Beling, Newark; Second District, Ed. F. Denner, Paterson; Third District, William A. Clark, Trenton; Fourth District, William H. Iszard, Camden; Fifth District, James Hunter, Jr., Westville.

Committee on Publication — Edward J. Ill, Newark; Ellis W. Hedges, Plainfield.

Committee on Scientific Work—J. C. McCoy, Paterson.

Chairman of Committee on Scientific Work—Alexander McAlister, Camden.

Committee on Program—William F. Faison, Jersey City.

Committee on Hygiene and Legislation—Henry A. Cotton, Trenton; J. Boone Wintersteen, Moorestown.

Delegate to A. M. A.—W. S. Lalor, Trenton.

Alternate Delegates to A. M. A.—Alexander McAlister, Camden; George T. Welch, Passaic; Edward Guion, Atlantic City.

The time and place of the next meeting of the society, with your consent, is referred to the trustees.

Robert M. Curts.
Secretary of the Nominating Committee.

It was moved and seconded that the report of the committee be received and its recommendations approved. Carried.

There being no other nominations made from the floor, it was moved by Dr. Emerson, and duly seconded, that the President cast a ballot for the election of the candidates recommended by the Nominating Committee. Carried. Dr. Strock cast the ballot, and then formally notified Dr. Wilson of his election as President for the ensuing year.

Dr. Wilson: "Gentlemen of the House of Delegates—I desire to express to you my deep appreciation of your kindness in electing me to the highest office in the gift of this society. It is particularly gratifying to me to feel that an office of this kind has come to me. I certainly felt that it should go to some one more worthy; but I may say that when my own county society told me that they had selected me as their standard bearer, while many in the county were much better fitted for the position than I, I could not turn down such a proposition as that; and I could not help feeling gratified that perhaps the one ambition of my life had been attained—not to become President of this society, but to merit and hold the confidence and respect of my confreres. I am not unmindful of the responsibility that you have thrust upon me; but I would remind you that this society is what you make it. I am your servant, and not your dictator; and if this society is to be a success, you and I must pull together to make it a success, and I am sure that we can do that during this coming year. I should be only too glad and happy to receive suggestions from the members, and if it is possible and is for the good of the society, I shall be pleased to adopt them. I thank you all very kindly for your consideration."

Dr. Strock then notified Dr. Hollingshead, Dr. Gray and Dr. Chandler of their election as First, Second and Third Vice-Presidents, respectively.

Dr. Chandler: "Fellow Members of the Medical Society of New Jersey—This society, owing to its antiquity—being not the oldest *medical* society, but the oldest *State* medical society in this country—is a great respecter of traditions and precedent. It is almost unprecedented in my recollection that a candidate for the Third Vice-Presidency should be called upon to respond in this manner. I appreciate the compliment, but, as our time is limited this afternoon, and as I do not wish to violate precedent, I shall not detain you further than to thank you from the bottom of my heart for the distinguished honor you have granted me."

Dr. Strock then announced the names of the other chief officers that had been elected and said that he thought that the value of this formal announcement had been fully demonstrated, as it gave each officer elected a chance to hear expressed the feeling of regard that he has awakened. Dr. Strock

hoped that recognition of this kind would be given to the individuals so elected in the future.

Dr. Curts then announced that for the last year or two it had been the custom of the Nominating Committee to refer the matter of the selection of persons to represent the society at the meetings of the various State societies to the presiding officer, and made a motion that the President be empowered to appoint delegates to these medical societies.

Dr. Chandler mentioned that in the past few years persons willing to represent the society at any of these meetings had applied to the Secretary for credentials, which the Secretary had made out and forwarded to the President for approval and appointment. On motion, this method was adopted.

Dr. Curts then moved that the matter of the time and place for the next meeting be referred to the Board of Trustees, with power to act. Seconded and carried.

Dr. Strock then officially announced that the remaining members of committees recommended by the Nominating Committee had been elected.

Dr. R. C. Newton moved that the society put itself on record as favoring the passage of the Owen Bill, now before the United States Senate, which calls for the conservation of the government agencies now in existence for the protection of the public health; and that the Secretary so notify the Secretary of the United States Senate, if the society took this action. The motion was seconded and carried.

Dr. H. H. Davis, of Camden, chairman of the Committee to Consider the President's Address, reported that the committee had looked it over carefully and recommended that a committee of three members, to be known as the Committee on President's Address, be made, to be appointed each year by the retiring President. The committee endorsed the President's recommendation as to a change in the method of electing the Vice-Presidents.

Dr. D. C. English made a motion that this matter be laid on the table until the next annual meeting, so as to give time to discuss it thoroughly and settle it in the right way. He called attention to the fact that if such a change were made in the next two or three years, it would violate a tacit agreement made with the gentlemen then serving as First, Second and Third Vice-Presidents, that they would in due time reach the Presidency.

The motion was seconded and carried.

Dr. Gordon K. Dickinson offered a resolution that the retiring President appoint a committee of five to consider the matter of the health laws of the State and the conduct of health affairs, and to report at the next meeting some suggestions as to an improvement in them.*

The resolution was seconded and carried.

Dr. Halsey referred to Dr. Newton's motion in regard to endorsing the Owen Bill, and stated that Dr. Green had told him at Atlantic City that it was just as urgent as formerly to do everything to have the bill passed. Dr. Halsey having been too ill to act as chairman of the Committee on Legislation, Dr. Costill had been elected acting chairman, and would read the report of the committee. Dr. Costill did so. The report was as follows:

REPORT OF THE LEGISLATIVE COMMITTEE.

To the President and Members of the New Jersey State Medical Society:

Your Legislative Committee would respectfully submit the following report:

There were two amendments to the practice of medicine act introduced at the request of the State Board of Medical Examiners, one providing for the reciprocal relations with the State of New York, and the other providing for the prosecution of irregulars and advertisers. These amendments were both passed and approved by the Governor.

A bill introduced by Mr. Silzer, Senator from Middlesex, one of the most important measures, so far as the medical profession is concerned, was enacted at the last session. This bill puts the control of all tubercular cases in the hands of the State Board of Health, making it mandatory to the counties of the State to erect or secure hospitals for the care of tubercular patients, also giving the counties State aid for the support of same. This bill was backed by the State Legislative Committee and became a law.

The bill creating a State Board of Examiners for Nurses was opposed by the committee, but the best we could do was to get it amended, making it less objectionable, in which shape it was passed and also became a law. This bill the committee thought entirely unnecessary and feel that it will work an injury to many of our smaller hospitals, yet the nurses had the endorsement of quite a number of the profession and we were unable to prevent its passage. The old osteopathic matter came up in the shape of a bill introduced by the Rock faction. After several conferences we were able finally to get this bill amended so as to be fairly satisfactory to all parties, but this result was obtained at such a late date in the session that we were unable to get it through, so the result is as it was a year ago—nothing accomplished.

*This committee consists of Drs. Gordon K. Dickinson, Frank D. Gray, George E. McLaughlin, William G. Schauffler and Edward Guion.

The neuropathic bill was not reported from the committee. The pharmaceutical bill also failed. A bill introduced by Senator Edge, of Atlantic City, having for its purpose the removal of a hospital from ocean front in Atlantic City, was so drafted that it would make it compulsory for all general hospitals throughout the State to secure permission from the council or other governing bodies of the city or township in which they were located before they could continue any surgical work of the tubercular nature. This bill was opposed by the committee and was finally withdrawn. This, I believe, completes all the work that came before the committee.

H. B. Costill, Acting Chairman.

It was moved that the report be received and placed on file, and that the thanks of the society be extended to the committee for its work. Seconded and carried.

Dr. W. G. Schauffler offered the following resolution in connection with his remarks at the morning session in regard to medical inspection:

Resolved, That a committee* be appointed by the President-elect, which shall have for its object the study of the general condition of the school children of the State. It shall consider and report on new legislation to improve the conditions involved, and shall endeavor to bring about hearty co-operation among the several agencies now employed.

The resolution was seconded and adopted.

Dr. W. P. Eagleton stated that the Essex County Medical Society had recommended that the New Jersey Medical Society be asked to instruct its Legislative Committee to prepare an amendment to the present medical law so as to incorporate in it the principle that was contained in the Act of 1910, which had been defeated by the veto of the Governor. He then read the part of the Act of 1910 that he wished to have incorporated in the present law.

It was moved and seconded that the matter be referred to the Committee on Legislation, with power to act. Carried.

Dr. Chandler then read the proposed amendment to Article VI. of the Constitution, which would constitute the three Vice-Presidents members of the Board of Trustees.

It was moved and seconded that the amendment be adopted. Carried.

Dr. Chandler then read the amendments to the By-Laws, Chapter IX., Section 7, and Chapter XII., Section 1 and Section 3. It was moved and seconded that each of these be adopted. Carried.

(These amendments have all been previously quoted in the minutes, so need not be repeated.)

Dr. English then nominated Dr. Chandler as chairman of the Publication Committee, and explained that the change made in the By-Laws created a vacancy and that the society desired to retain Dr. Chandler's valuable services on this committee. The nomination was seconded. Dr. English moved that the President be instructed to cast a ballot for the election of Dr. Chandler. The motion was seconded and carried, and the President did so.

Adjourned at 3:45 P. M.

FOURTH GENERAL SESSION.

Wednesday Afternoon, June 12, 1912.

Called to order at 3:45 P. M. by the President.

ADDRESS OF THE THIRD VICE-PRESIDENT.

Frank D. Gray, Jersey City.

Vote of thanks was extended to Dr. Gray.

BLOOD PRESSURE.

Jesse D. Lippincott, Newark.

Discussed by Drs. T. N. Gray, Haussling, Prendergast (Philadelphia), Bishop (New York), and Rosenwasser.

INDURATIVE HEADACHE.

Christopher C. Beling, Newark.

Discussed by Drs. Prout, Leszynsky, Goldstein, Mead, and Beling, closing.

A CASE OF IVORY EXOSTOSIS OF THE SKULL.

Richard C. Newton, Montclair.

Dr. Wilson took the chair.

Discussed by Drs. F. D. Gray (Dr. Gray then took the chair), and Newton, closing.

THE CONSERVATION OF YOUTH.

George W. Fitch, Darctown.

Adjourned at 6:15 P. M.

The evening was occupied by the banquet, followed by reunions of the various college alumni, select vaudeville and dancing.

President Strock, after the dinner, read the following letters from Governor Wilson and Dr. Jacobi:

FROM GOVERNOR WOODROW WILSON.

State of New Jersey,
Executive Department,
June 3, 1912.

My dear Doctor:

I wish sincerely that I were free on June twelfth to attend the annual banquet of the State Medical Society at the New Monmouth,

*The President subsequently appointed the following as a "Committee on Medical Inspection of Schools:" William G. Schauffler, chairman, Lakewood; Edward A. Ayers, Branchville; A. Clark Hunt, Metuchen; George J. Holmes, Newark.

but I have become involved in engagements which are clearly going to render it impossible for me to be there. It was for that reason that I particularly inquired the date.

I beg that you will express to all concerned my warm appreciation and sincere regret. I wish most unaffectedly that I were not prevented from enjoying this pleasure.

Cordially and sincerely yours,

Woodrow Wilson.

Dr. Daniel Strock, Camden, N. J.

FROM ABRAHAM JACOBI, M. D., LL.D., PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION.

New York, June 9, 1912.

Daniel Strock, M. D.,
President Medical Society of New Jersey.

Dear Doctor:

Simultaneous engagements at Hartford and at Providence prevent me from availing myself of your invitation to attend the meetings of your Society. I wish to express to you, and through you to your society, my sincere regrets at being unable to join you in celebrating the anniversary of the oldest State Medical Society in the United States. Age alone, however, is not the source of the respect in which your society is held. Its progressive work and its prominent men are highly appreciated. If you will only tell my good friend, Dr. Coit, how warm the place is which he has secured in the hearts of his colleagues by his meritorious work in milk improvement and child saving.

On the soil of your State many battles have been fought to secure the independence of the country. That of professional and scientific progress cannot fail to be benefited by the efforts of the Medical Society of your State, like those of the rest of us. This co-operation for the achievement of the same aims should be, and will be, an example to the fifty States which have not yet learned to consider themselves a real Nation, as we are a real congruent and united profession.

Very sincerely yours,

A. Jacobi,
Pres. Amer. Medical Assn.

FIFTH GENERAL SESSION.

Thursday Morning, June 13, 1912.

Called to order at 9:30 by the President.

As Superintendent Johnston was absent, it was moved and seconded that his paper on the "Care of the Mentally Deficient School Child" be read by title. Carried.

OPPORTUNITIES.

William A. Westcott, Berlin.

Discussed by Drs. Palm, Bishop, Emerson, Rosenwasser, Mackenzie, Yates, Marcy, Newton, T. N. Gray, Chavanne, D. C. English, Richardson, and Flagge.

Vote of thanks, proposed by Dr. Yates, and passed.

It was moved, seconded and carried that a committee be appointed to consider the subjects presented in Dr. Westcott's paper.*

PUBLIC CONSERVATION OF HUMAN LIVES.

Henry W. Kice, Wharton.

Discussed by Drs. Hedges, Rosenwasser, Wilson, Titus, and Emerson.

Vote of thanks, proposed by Dr. Richardson.

THE TREATMENT OF ACNE BY BACTERINS.

Edward B. Rogers, Collingswood.

Vote of thanks.

THE INEBRIATE.

Charles A. Rosenwasser, Newark.

Discussed by Drs. Marcy, Rogers and Wilson.

Vote of thanks.

PREMATURE ARTERIAL SENILITY.

W. Blair Stewart, Atlantic City.

Discussed by Dr. Bishop.

Vote of thanks.

THE ABSOLUTE PREVENTION OF LOCKJAW.

Dowling Benjamin, Camden.

Vote of thanks.

Adjourned at 11:45 A. M.

FOURTH AND LAST MEETING OF THE HOUSE OF DELEGATES.

Thursday Morning, June 13, 1912.

The meeting was called to order by the President at 11:45 A. M.

Under unfinished business, Dr. Chandler presented for the Judicial Council a supplementary report, excusing the following permanent delegates:

For absences in 1910 and 1911: James W. Proctor and George H. McFadden, of Bergen County; Joseph Tomlinson, of Cumberland County; Charles Young, of Essex County; Eugene T. Oliphant, of Gloucester County; John T. Gilson, of Passaic County, and G. Wyckoff Cummins, of Warren County. Also the following for absence from the present meeting: John E. Pratt, Bergen County; Edward A. Reiley, Atlantic County; William Buerman, Essex County; Britton D. Evans and Alfred A. Lewis, Morris County.

Dr. Chandler then read the following list of nominees for permanent delegates, who had presented their credentials and were eligible for election: Henry J. F. Wallhauser, Newark; Sarah R. Mead, Newark; John F. Hagerty, Newark, and Frederick B. Wilbur, Franklin Furnace. He made a

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*The President appointed the following "Committee to Study the Economic Welfare of the Medical Men of New Jersey:" William A. Westcott, Berlin; W. Blair Stewart, Atlantic City; Theodore F. Livengood, Elizabeth; Horace G. Norton, Trenton.

motion that if there be no objection these candidates be elcted by authorizing the Secretary to cast an affirmative ballot. The motion was seconded and carried.

Dr. D. C. English read the following supplementary report of the Board of Trustees:

SUPPLEMENTARY REPORT OF THE TRUSTEES.

The Board of Trustees presents the following supplementary report:

At a meeting held June 12th, the treasurer was directed to have his bond renewed for the coming year and place it in the hands of the secretary of the board.

Drs. Edward J. Ill, D. C. English, C. R. P. Fisher and W. J. Chandler were reappointed as the Finance Committee for the ensuing year.

The board recommends to the society that President N. L. Wilson shall appoint a Prize Essay Committee of three members and that a prize be offered the coming year of one hundred dollars for the best essay on a medical subject to be selected by the committee and that said prize be awarded at the next annual meeting of the society, provided that the committee shall dcide that the best essay offered is, in the judgment of the members of the committee, of sufficient merit to warrant such award. The board recommends that the dues of the society, from June 1, 1913, to January 1, 1914, be $1, and that the subscription to the Journal be $1.00 for the same period.

The board also recommends that the recording secretary of the society be allowed $200 for expenses for the year ending June 1, 1913.

The society having left the fixing of the place and time for the next annual meeting of the society to the Board of Trustees, and the board having received from the management of the New Monmouth Hotel a cordial invitation for the society to meet in their hotel next June, unanimously voted to accept the invitation and decided upon Tuesday, Wednesday and Thursday, June 17-19, 1913, as the time for the 147th annual meeting of the Medical Society of New Jersey.

Respectfully submitted,

John W. Ward, Chairman.

David C. English, Secretary.

It was moved and seconded that the report be received, and its recommendations adopted. Carried.

Dr. Chavanne asked whether the dues were one dollar, and whether any one would have to pay more for this year, if he desired to have the Journal.

Dr. Chandler explained that the subscription to the Journal was optional, and was separate from the dues, which were one dollar from June 1st, this year, to June 1st, next year. The subscription to the Journal entitled the subscriber to medical defense, which was not given to members of the society unless they were also subscribers to the Journal.

In answer to some further objection on the part of Dr. Chavanne, Dr. Schauffler explained that the United States Postoffice Department's action had made it necessary for the society to separate the dues and the Journal subscriptions. The dues, which had formerly been two dollars and had included the subscriptions, had been divided into two equal parts.

Dr. Chavanne then asked what was to become of the dues from June 1, 1912, to January 1, 1913.

Dr. Chandler said that the subscriptions to the Journal and the dues to the State Society were already paid up to June, 1913; that the effect of the change in the By-Laws made at this session would be to make a short year from June 1st, 1913, to December 31st, 1913, and that on and after January 1st, 1914, the fiscal year of the society and the Journal year would each begin and end with the calendar year.

Dr. George E. Reading, Woodbury, said that his county society paid their dues about the 1st of May, and asked whether, if they did not pay until May of next year, and then considered that they were paying six months in advance of the new fiscal year, there would not be a hiatus in the Journal.

Dr. Chandler said that it had been recommended that the society should strongly urge that the county societies make a change in their fiscal year, to correspond with the change in that of the State Society.

Dr. D. C. English gave notice of an amendment to Article VI. of the Constitution as follows:

Notice is hereby given of an amendment to Article VI. of the Constitution, striking out the word "and" in the last sentence and adding at the end of said article the words "and treasurer," making said article read: "The Board of Trustees shall be the executive body of the society and shall be composed of the fellows, the president, the three vice-presidents, the recording secretary and the treasurer."

D. C. English.

Dr. Strock said that under the rules this amendment would lie over until next year.

Dr. Benjamin made a motion that a committee of seven be appointed from the membership of the society, to attend the next meeting of the Senate Committee having in charge the bill for the establishment of a National Health Department, known as the Owen Bill. He said that Mr. Owen had requested that the physicians should give some manifestation of interest in the passage of the bill. The committee of the society should find out when the Senate Committee would give a hearing, and also

obtain, as far as possible, the objections and arguments used against the bill, to form data for articles in the Journal of the American Association, so as to reach all medical men. All the interests that had opposed boards of health in all the cities of the Union would oppose this bill.

The motion was amended by adding "without expense to the society," and as amended was seconded and carried.*

D. Charles A. Rosenwasser offered the following resolution, bearing on the paper of Dr. Westcott:

Resolved, That the president of the Medical Society of New Jersey be empowered to appoint a committee of three or more members, to make a study of conditions affecting the economic welfare of the medical men of New Jersey, and to make recommendations to the society for improving conditions.

Dr. Strock said that the selection of committees would be made by the incoming President.

Dr. Chandler announced the registration at this meeting to be as follows: Officers, 7; fellows, 13; honorary members, 1; permanent delegates, 95; annual delegates, 51; associate delegates, 106; guests, 174; exhibitors, 13; total, 460.

He also made a motion that a vote of thanks be extended to the Council and Board of Trade of Spring Lake Beach; to Mr. Cleaver, for bathing privileges; to the management of the Spring Lake Golf Club; to Mr. Johnston, of the Spring Lake Garage; to Mr. Shute and the management of the New Monmouth Hotel, and particularly to Dr. Schauffler for his faithful and efficient services—for to him, more than to any other one man, is the society indebted for this very successful and enjoyable meeting. The motion was seconded and carried.

Dr. H. Genet Taylor made a motion that a vote of thanks be extended to the President for the manner in which he had conducted the meeting. The motion was seconded, put by the Secretary and carried.

Dr. English made a motion that the thanks of the society be tendered to Dr. Chandler for his fifteen years of faithful service as the Recording Secretary of the society, and said that no State society had been more faithfully or better served than the Medical Society of New Jersey had been by Dr. Chandler. Those that had been associated with him intimately knew better than the membership at large what that service had meant of personal sacrifice. He doubted whether the society had received such efficient and devoted service from any other of its members. The motion was seconded and was carried by a rising vote.

Dr. Chandler thanked the society for this expression of esteem.

As the retiring President, Dr. Strock asked the new President, Dr. Wilson, to come forward, that he might transmit to him the emblem of authority, Dr. Wilson did so.

Dr. Strock: "President Wilson, inasmuch as you have been elected President of this society, I take pleasure in transferring to you the only visible emblem of authority that I hold, which it will be your honor to use during the next year." (Gave Dr. Wilson the gavel.)

Dr. Wilson: "The hour is too late to make any extended remarks, but I do want to say that I thank you most heartily from the bottom of my heart for the courtesy that you have shown me during the three past years that I have been coming up from Third Vice-President to the Presidency. It makes me feel grateful to know that when I first asked a certain gentleman whether he would take a certain position on a committee, he declined; yet, when I asked him to do it for my sake, he said, "Yes." Is not that enough to make any man proud of his professional brother? Not only was this the case in that one instance, but in many others also this was done; and I felt honored to think that my professional brothers did not want this burden placed on them, but that for my sake they were willing to do their duty and undertake the work. I thank you.

"I want to make the announcement of the Committee on Prize Essay—Dr. D. C. English, Dr. B. Van D. Hedges and Dr. George E. McLaughlin."

Adjourned at 12:15 M.

AMENDMENTS TO THE CONSTITUTION AND BY-LAWS.

The following amendments to the Constitution and By-Laws have been passed since 1907:

In 1909 the following amendment was offered and passed: Amend Chapter XV. of the By-Laws by striking out the subject matter of Section 4, and inserting the following:

"Each component society shall judge of the qualifications of its own members, but as such societies are the only portals to the Medical Society of New Jersey and to the American

*The president appointed as a Committee on National Department of Health the following: Dowling Benjamin, chairman, Camden; Alexander Marcy, Jr., Riverton; Philip Marvel, Atlantic City, and Henry Mitchell, Asbury Park.

Medical Association, it is recommended that every reputable and legally registered physician shall be deemed eligible to membership in a component society; provided, an active member of one component medical society shall not be eligible to active membership in any other component society at the same time."

In June, 1912, the following amendment to the Constitution was passed: Article VI., strike out the words "first vice-president" and substitute the words, "three vice-presidents."

The following amendments to the by-laws were passed at the same session:

Chapter IX., Section 7: Strike out the first sentence and substitute for it, "The Committee on Publication shall consist of three members, who shall be elected annually."

Chapter XII., Section 1, in the second paragraph: Strike out the words "Two weeks before the beginning of the fiscal year," and substitute for them the words, "One month before the annual meeting."

Chapter XII., Section 3, in the second line: Strike out the word "June" and substitute the word "January." Strike out the whole of the next sentence and substitute for it the following: "Each member received into a component society between the first day of January and the first day of October shall pay the full assessment of the Medical Society of New Jersey for that fiscal year; but each member received between the first day of October and the first day of January following shall pay one-half of that assessment.

In June, 1911, a number of amendments were made to the Medical Defense Act. The whole amended act is printed in full in the Journal of the Medical Society of New Jersey for January, 1912, on page 436, and it is not necessary to reproduce it here.

William J. Chandler,
Secretary.

ADDENDA.

THE ASSOCIATION OF MEDICAL SECRETARIES AND TREASURERS OF NEW JERSEY.

The third annual meeting of the Association of Medical Secretaries and Treasurers of New Jersey was held on the morning of July 12, 1912. Following the custom established a year ago, by the president at that time, Dr. David C. English, the members partook of the annual breakfast together, following which President Obadiah H. Sproul called the meeting to order, and in turn each member present was requested to give report of the condition of his respective society or to make suggestions that would tend to increase the usefulness of the societies to the members and the general profession. Remarks were made by President Sproul, secretary Hunterdon County Medical Society; William J. Chandler, secretary Medical Society of New Jersey; Ralph H. Hunt, secretary Essex County Medical Society; David C. English, treasurer Middlesex County Medical Society; James Douglas, treasurer Morris County Medical Society; George T. Tracy, secretary Burlington County Medical Society; Charles H. Finke, secretary Hudson County Medical Society; George W. Cummins, treasurer Warren County Medical Society; Henry W. Kice, secretary Morris County Medical Society; Edward Guion, secretary Atlantic County Medical Society; William J. Lamson, secretary Summit Medical Society; Daniel Strock, secretary Camden County Medical Society.

The following officers were elected: President, James Douglas, Morristown; vice-president, George T. Tracy, Beverly; secretary, Daniel Strock, Camden.

Daniel Strock, Secretary.

ANNUAL REPORTS OF COUNTY SOCIETIES TO THE COMMITTEE ON SCIENTIFIC WORK.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

To Dr. J. C. McCoy, Chairman,
Committee on Scientific Work.

It gives me much pleasure to report an unusually prosperous year for the Atlantic County Medical Society. The members have taken much more interest in the work of the society, as evidenced by an increased regular attendance at all of the meetings, and the membership at present is much larger than ever before in the history of the society. We have lost only one member by death, Dr. E. E. Howard, of Somers Point, and two by resignation, Drs. George F. Ralston and H. S. Doriss, both of Atlantic City.

Nine new members have been added to our roll call, as follows:

Drs. James W. Snowball, Francis W. Bennett, Joseph De Silver, William Martin, Manfred H. Kudlich, George P. Pennington, Samuel Stern, Isaac H. Jones, of Atlantic City, and Dr. H. C. Monroe, of Pleasantville.

We now have seventy-one active members.

No epidemics have been reported and the general health of the community has been good. Only a few cases of diphtheria and of scarlet fever are reported, and but five cases of typhoid fever, three of which were imported.

Largely as the result of the efforts of a committee from our society, the Atlantic City Crematory has agreed to construct at once a modern concrete building for the destruction of garbage, and thus do away with the nauseating odors and gasses which have been a nuisance for many months.

A concrete drainage canal, from six to ten feet in diameter, is being constructed through the centre of Atlantic City, and this is expected to effectually dispose of all drainage.

The Committee on Medical Library reports an increased number of medical books available for the use of the members and that sufficient funds are in the hands of the treasurer to purchase any book or books desired.

The Committee on Nurses' Directory reports the consolidation of the two directories, and also a balance of $61 for the treasurer of our society.

Many interesting papers have been read, among them being the following:

"Salvarsan," by Dr. John A. Fordyce, of New York City; "The Clinical Interpretation of Abdominal Pain," by Dr. Ernest La Place, of Philadelphia; "Medical Evidence," by Dr. William Wadsworth, Philadelphia; "The Rœntgen Ray in the Diagnosis of Obscure Conditions of the

Chest and Abdomen," by Dr. G. E. Pfahler, of Philadelphia.

Dr. Samuel Stern, of Atlantic City, reported a case of pellagra.

Dr. William H. Schmidt, of Alantic City, read a paper on the "Technique of Cystoscopy."

Dr. Emery Marvel, of Atlantic City, made a short address in memoriam of Dr. Joseph Price, of Philadelphia, once an honorary member of this society.

The Committee on Public Health and Legislation reported success in having the new municipal hospital opened and Health Officer Guion can receive cases of contagious diseases at any time.

Out meetings were honored by the presence of many visitors, among them being Dr. Abram Jacobi, of New York City, president-elect of the Ameircan Medical Association; Dr. Joseph Hart, of Colorado Springs; Dr. George Hawke, of Trenton; Dr. W. W. Lynch, Sherbrooke, Canada; Dr. J. H. Edmunson, Birmingham, Ala.; Dr. James Hunter, Westville, N. J.; Dr. Michael Burns, Montreal, Canada; Dr. J. E. Jones, Philadelphia, and Dr. W. A. Clark, Trenton.

All of our members are taking an active interest in preparing for the entertaining of the American Medical Association, which meets in Atlantic City from June 4-7.

Drs. H. T. Harvey, E. H. Harvey and Samuel Barbash were elected delegates to the State Society for this year; Drs. Leonard, Darnall and Fish were elected delegates to Salem County; Drs. E. Marvel, Stewart and Westcott to Gloucester County, and Drs. Conaway, Taggart and Guion to Camden County.

Respectfully submitted,

Walt Ponder Conaway, Reporter.

May 8th, 1912.

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

Dennisville, N. J., May 6, 1912.

Dr. John C. McCoy, Chairman,
Committee on Scientific Work.

Mr. Dear Sir:

I herewith submit the annual report of the Cape May County Medical Society: Under the leadership of our Councilor, Dr. Hunter, we feel that some progress is being made, as shown by increased attendance at the meetings and in the quality of the subjects brought before the society. One new member, Dr. I. P. Behrman, of Woodbine, has been added to our number.

Dr. Randolph Marshall was host of the society at the October meeting, held at Tuckahoe, and is especially to be commended for the entertainment provided the ladies in attendance.

The April meeting was of especial interest, a clinic on "Nervous Affections" being held by Dr. Alfred Gordon, of Philadelphia, who brought seven patients with him, and others were provided by Dr. Douglass.

A hospital has been opened at Wildwood by Dr. W. I. Kelchner, and a movement has been started by Dr. Mace and Mayor Baker for the establishment of a city and county hospital at Wildwood.

Very truly yours,

Eugene Way, Reporter.

ESSEX COUNTY.

John C. McCoy, M. D., Chairman,
Committee on Scientific Work.

Dear Doctor:

Essex County has maintained a high level of scientific activity during the year 1911-1912. Six meetings were held by the county society, one the annual business meeting, with the presidential address by Dr. Wallhauser; others were addressed by Miss Laura B. Garrett, on "Sex Hygiene;" Dr. Albert C. Geyser, on "High Frequency Current;" Mr. Frank H. Sommer, on the new "Employers' Liability Law;" Dr. W. S. Bainbridge, on "Cancer;" Dr. J. B. Stein, on the "Spirochæta Pallida of Syphilis," and all were well attended and successful. Twenty-nine new members were admitted, under the propaganda making it the duty of every legalized practitioner in the county to become a member. Three members have died. The Public Health Education Committee provided for the people seven lectures by the following excellent authorities: Dr. E. A. Ayers, Dr. G. C. Diekman, Dr. R. A. Doolittle, Dr. Livingston Farrand, Dr. Norman Dittman, Dr. Alice Hamilton and Mr. F. L. Hoffman. It accomplished the making of measles a reportable disease, in the municipalities where it was not already, through the Boards of Health.

The growing needs of the Newark City Hospital and Dispensary have developed two plans for building, one a nurses' home on Fairmount avenue, opposite the hospital, reconstructing the present wing of wards and providing for nearly one hundred more beds; the other a new building on William street for a home for the Board of Health and the City Dispensary. The crying demand in our cities for larger and better facilities in hospital accommodations is also felt by other hospitals and in some cases is being met by extensive building improvements.

The Society for Relief of Widows and Orphans held its annual meeting in Newark. Among other interesting facts it showed a membership of 391; also a permanent fund of over $12,000. The year marked an unusual event in a gift by his many friends to Dr. G. R. Kent on his retirement from the treasurership, which he had filled for twenty-nine years, ever since the organization, the society losing also in the same year Dr. C. J. Kipp, its president and founder.

The William Pierson Medical Library Association has maintained its worthy reputation for providing lectures for all the profession on topics important and timely. The speakers and subjects this year were: Dr. J. Bentley Squier, on "Prostatic Obstruction;" Dr. Frank S. Meara and Albert C. Crehore, on the "Micrograph;" Dr. Lewis Gregory Cole, on "Radiographic Gastro-Intestinal Diagnosis;" Dr. G. Howard Fox, on "Diagnosis in Skin Diseases;" and Dr. Rufus I. Cole, on the "Investigation of Pneumonia." The interest of those who attended manifests the appreciation of the profession for the courtesies of this association.

The American Laryngological, Rhinological and Otological Society (Eastern section) met in Newark on January 20th, at the rooms of the Academy of Medicine of Northern New Jersey. The program included three of our own members—Dr. T. W. Corwin, vice-president and chairman of this section; Dr. Wells P. Eagleton, with a paper on "Cerebral Decompression,"

and Dr. H. S. Martland, one on "Syphilitic Smooth Atrophy of Tongue." Dr. Norton L. Wilson also read a paper on "Chancre of Tonsil."

The Academy of Medicine of Northern New Jersey, organized in May, 1911, has followed the plan of regular meetings under the sections monthly from October to May, inclusive. The subjects embraced have been varied, timely, and well presented, by members and speakers from elsewhere, notably one, the "anniversary" address by Dr. Frank S. Meara, on "Ideals of the Profession of Medicine," being a clarion call to observe in practice the high standards for conduct which we profess and make a professional boast. Another noteworthy address was one by Dr. John B. Murphy, on "Infection of Bones and Joints," which was listened to by a record-breaking audience which remained through three hours, intently listening to a volume of succinct information on this important subject. A third lecture comparable to these was one by Dr. Richard C. Cabot, on "Essentials and Non-Essentials in Physical Diagnosis," in which he reviewed the diagnostic methods, and placed them in order of their importance and emphasized some things in their manner of use. It was a helful discussion of diagnosis from the standpoint of the speaker's experience. The academy solicits the support of all practitioners as members, appealing to them to make it what it can become by their harmonious cooperation.

The Essex County Pathological and Anatomical society has had a most successful year, meeting monthly from October to May, inclusive, and presenting each time a program replete with valuable material well worked up, covering every phase of pathology, and including stereopticon and microscopical demonstrations with lectures. The work in anatomy has also afforded opportunities for dissection, which, if less demonstrable, are not less a part of the good work done.

The Medical Library Association of Newark has been progressing fast along its path of building a library and so administering it as to make the whole realm of medical literature easily available to any one. Gifts of libraries in part or complete are being constantly received and thus the files steadily filled by means of an extensive card index and an exchange system with the Medical Library Exchange at Baltimore. The cash income (from membership dues) is expended in the purchase of current literature and reference works. The equipment affords facilities for a reader getting immediately at anything he may want, especially the new, also the older, and is proving of great value to those who use it. About 2,000 volumes and 58 current periodicals, besides unbound journals and pamphlets, are now on the shelves.

The New Jersey State Pediatric Society held one of its general meetings at Newark, with a fine program on "Hygiene of Childhood," the speakers being, besides Dr. Coit, the president, Dr. Chapin, Dr. Kerley, Dr. Freeman and (by proxy) Dr. Northrup. A good attendance and an interesting discussion marked the occasion.

The Essex County Mosquito Extermination Commission is a new organization under the recent law providing for expenditure of county funds and is the first of its kind formed. It is planning an active campaign against mosquitoes and hopes to contribute something to the comfort and health of the people.

On public health there is about the usual report of Essex County leading the State in low mortality from typhoid, Newark holding the record of all cities in the State. No serious epidemics have occurred and the contagious diseases of childhood have been well controlled. Medical inspection of schools has been a means to this end, the manner of its working being stated in an article by the supervisor, Dr. Holmes, published in the Journal, December, 1911.

The County Isolation Hospital reports interesting developments toward more perfect equipment for meeting any condition of mixed infections. The embarrassment encountered by them, whenever asked to take cases of diphtheria or scarlet fever complicated with other infections, or when such arise in the institution, has necessitated plans, now complete and adopted by the Board of Freeholders, which call for five buildings of twelve beds each, sub-divided into different units, and providing for various complications. The new building for advanced cases of pulmonary tuberculosis, having accommodations for 94 patients, is complete and in use. Still another new building is the nurses' home, accommodating 50, just finished. The mixed infection buildings mentioned only lack appropriation of public money to be made real and not merely on paper. The public should give this board ample backing.

Respectfully spbmitted,

Frank W. Pinneo, Reporter.

GLOUCESTER COUNTY.

H. A. Wilson, M. D., Reporter.

Dr. John C. McCoy, Chairman,
Committee on Scientific Work.

The Gloucester County Component Society has held, as usual, four scientific and one social session during the year.

The attendance has, as a rule, been large and much interest shown, though few papers have been presented by our members.

The November meeting was held at the State Hospital for the Insane, Trenton, upon the invitation of the managers, and proved to be a highly instructive and an interesting occasion.

Papers by Drs. William Martin, on "Hypertension;" L. J. Hammond, on "Surgery of the Liver and Pancreas;" William Riber, on "Eyestrain," and W. C. Goodwin, on "Tuberculosis and Its Treatment," proved to be of great interest.

The society has to report the loss by death of Dr. J. G. Edwards, of Williamstown, who died December 22.

Dr. E. P. Oliphant, of Bridgeport, because of illness and upon his own request, was transferred from active to honorary membership.

The health of the county has been generally good during the year, no serious eidemics having occurred. Pneumonia has prevailed in some localities during the winter, and of a rather severe type, but with few deaths.

Respectfully submitted,

H. A. Wilson, Reporter.

Woodbury, N. J., May 9, 1912.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

Dr. John C. McCoy, Chairman of the Committee on Scientific Work, Paterson, N. J.

Dear Doctor:

At the last annual meeting of the Morris County Medical Society, in March, I was elected reporter and I send you a brief account of what is going on in medical circles in the county.

There have been a number of cases of measles of a mild type (I happened to be one of the cases) around Morristown during the past six months. There has been no unusual amount of sickness prevailing throughout the county.

The main topic of conversation recently has been in regard to the establishment of a hospital for the tubercular of this county. The Freeholders picked out and got an option on a site there miles from Morris Plains, which was in every way suitable and was approved by all the physicians consulted.

Father Felix O'Neill led the oposition of the residents of Morris Plains, and after calling mass-meetings, in which the doctors of Morris County were nearly all severely criticized, appeared before the Freeholders and objected to this much-needed public charity.

Enclosed you will find copies of my reports of medical meetings, etc., sent to the New Jersey Medical Journal during the past three months, of which the following gives a summary:

The annual meeting of the Morris County Medical Society was held at the Mansion House, Dover, on March 12, 1912.

Dr. Emma C. Clark made a personal canvass of the members present for help in the campaign for the betterment of public health which the National Committee is organizing for the last two weeks in May. The councilor of the district, Dr. Thomas N. Gray, of East Orange, who was present, was among those who volunteered their services.

Officers were elected for the ensuing year as published in the Journal.

The following new members were elected: Drs. Frank M. Mikels, Greystone Park; James Frederick Horn, Flanders; Mark E. Scott, Morristown.

Dr. J. Willard Farrow, of Dover, read a paper on "Some Suggestions to Medical Witnesses." It was discussed by Drs. Ryerson, Flagge, Foster, Brewster, Becker, Douglas and Fisher. (See April State Journal.)

Dr. Clifford Mills entertained the Morristown Medical Club at his house on the evening of April 3d. He read a paper on "Fibroids of the Uterus." It was discussed by those present, most of those taking part reporting cases that had occurred in their practices. Dr. George L. Johnson, Morristown, was elected a member.

The Morristown Medical Club also met as the guest of Dr. E. Moore Fisher, at the New Jersey State Hospital Morris Plains, on April 24th. The host read a paper on "Modern Conceptions of Dementia." Among those present who discussed the paper were Dr. T. N. Gray, East Orange; Drs. Eliot Gorton and T. P. Prout, Summit, and C. C. Beling, Newark. Dr. B. D. Evans, medical director, and his assistants helped to elucidate points or answer questions during the discussion.

The Tri-County Dental Society, which includes among its members dentists from Morris, Warren and Sussex met in Morristown, March 21st. The Morristown Medical Club, the Morris County Medical Society and the Tri-County Medical Society were invited to attend to hear a paper on "Extragenital Manifestations of Syphilis," by Dr. J. B. Stein, of the New York College of Dentistry and the College of Physicians and Surgeons, New York City. It was an excellent paper and was ably discussed by several present, Dr. Otto Lowy, of Newark, leading. Respectfully submitted,

E. Moore Fisher, Reporter.

OCEAN COUNTY.

Ralph R. Jones, M. D., Reporter.

May 9, 1912.

Dr. J. C. McCoy, Chairman,
Scientific Committee.

Dear Doctor:

The annual fall meeting of the Ocean County Medical Society met at the home of Dr. G. W. Laurence, Lakewood, N. J., November 1, 1911, at 4:30 P. M.

The treasurer reported all bills paid and a balance on hand of $19.50. The following officers were elected:

President, A. M. Heron, Lakewood; vice-president, Stewart Lewis, Lakehurst; secretary, W. G. Schauffler, Lakewood; treasurer, I. H. Hance, Lakewood; reporter, R. R. Jones, Toms River; annual delegate to the State Society, G. W. Lawrence, Lakewood.

Dr. Heron read a valuable paper on "Our Duty to School Children," which was afterward published in the Journal and used by the State Board of Education.

December 28, 1911, by invitation of the Ocean County Medical Society the New Jersey State Pediatric Society held its fall meeting at the Laurel House, Lakewood. Subject, symposium on "Education of Defective Children."

May 9, 1912, the Ocean County Medical Society held its spring meeting at the office of Dr. Heron, Lakewood. Dr. Eugene G. Herbener was elected to membership. Dr. William H. Iszard, of Camden, was present.

Respectfully submitted,

R. R. Jones, Reporter.

SUSSEX COUNTY.

H. D. Van Gaasbeek, M.D., Reporter.

Dr. J. C. McCoy, Chairman,
Committee on Scientific Work.

Dear Doctor:

Your reporter for the County of Sussex would report that there has been no unusual occurrence during the past year. There have been no epidemics, and about the usual amount of sickness of general diseases. The county society held an extra meeting last September, at the Franklin Furnace Hospital, by invitation of our president, Dr. E. P. Wilbur, there was a fair number present, and papers of much interest were read and discussed. I regret to report the death of Dr. B. W. Ferguson during the past year. A full account of his life and professional services was published in both the State Society Journal and the Journal of the A. M. A. Our annual meeting does not occur until the 14th inst., so cannot give any account of the proceedings.

Very truly yours,

H. D. Van Gaasbeek, M. D., Reporter.

SALEM COUNTY.

John F. Smith, M. D., Reporter.

To Dr. J. C. McCoy, Chairman of the Committee on Scientific Work.

Dear Doctor:

Three meetings have been held by the Salem County Society during the year, with a good attendance at each meeting.

Papers of interest to the profession have been read and discussed at each meeting.

No epidemics have been reported; there has been the usual amount of sickness. No new members have been admitted. There is nothting of special interest to report.

Respectfully submitted,

John F. Smith, M. D., Reporter.

ATTENDANCE AT THE ANNUAL MEETING.

The following persons, whose names are recorded in the registration book, were present:

Fellows.

John G. Ryerson, Luther M. Halsey, C. R. P. Fisher, H. Genet Taylor, David St. John, Alexander Marcy, Jr., O. H. Sproul, Walter B. Johnson, Henry Mitchell, Thomas H. Mackenzie, David C. English, John W. Ward, George T. Welch.

Officers.

Daniel Strock, president; Norton L. Wilson, first vice-president; Enoch Hollingshead, second vice-president; Frank D. Gray, third vice-president; Harry A. Stout, corresponding secretary; William J. Chandler, recording secretary; Archibald Mercer, treasurer.

Permanent Delegates.

W. Blair Stewart, W. Edgar Darnall, J. Addison Joy, Elisha C. Chew, Emery Marvel, Edward Guion, George H. McFadden, James W. Proctor, William P. Melcher, J. Boone Wintersteen, William H. Iszard, William A. Davis, Alexander McAlister, William S. Jones, Harry H. Sherk, John E. Leavitt, Henry H. Davis, Howard F. Palm, S. Thomas Day, Joseph Tomlinson, William J. Chandler, George R. Kent, Joshua W. Read, George A. Van Wagenen, Theron Y. Sutphen, L. Eugene Hollister, Chas. D. Bennett, William P. Graves, Sarah R. Mead, Elmer G. Wherry, Elbert S. Sherman, John E. Hagerty, Thomas W. Harvey, David E. English, George B. Philhower, Henry L. Coit, Theodore W. Corwin, Richard G. P. Dieffenbach, Edward Staehlin, Livingston S. Hinckley, William S. Disbrow, Wells P. Eagleton, Thomas N. Gray, Jesse D. Lippincott, Linn Emerson, George E. Reading, James Hunter, Jr., Joseph M. Rector, Fred M. Corwin, George E. McLaughlin, Mortimer Lampson, Talbot R. Chambers, Gordon K. Dickinson, John J. Broderick, John J. Mooney, August A. Strasser, William P. Watson, Henry H. Brinkerhoff, Arthur P. Hasking, Immanuel Pyle, Charles H. Purdy, George M. Culver, George L. Romine, George N. Best, Elmer Barwis, Charles F. Adams, John C. Felty, Henry B. Costil, Ambrose Treganowan, Frank M. Donohue, A. Clark Hunt, Daniel E. Roberts, Cuthbert Wigg, James Douglass, Frederick W. Flagge, Abram E. Carpenter, William G. Schauffier, Ralph R. Jones, George H. Balleray, Charles H. Scribner, Robert M. Curts, John T. Gilson, Andrew F. McBride, Edward F. Denner, Francis H. Todd, William H. Carroll, Joseph V. Bergin, William Flitcroft, William H. James, Henry Chavanne, Aaron L. Stillwell, Ellis W. Hedges, Theodore F. Livengood, G. Wyckoff Cummins, James M. Reese.

Annual Delegates and Reporters.

Walt P. Conaway, Fred E. Knowles, George J. Spence, William H. Lawrence, Jr., Samuel Barbash, E. W. Murray, R. H. Scott, Floyd A. Shimer, Charles A. Rosenwasser, Fred J. McKechnie, Charles H. Finke, Ralph H. Hunt, Josiah Meigh, F. A. Thomas, T. Paczkowski, E. Moore Fisher, F. W. Pinneo, W. J. Lamson, Henry A. Cotton, George W. Lawrence, D. B. Street, S. A. Cosgrove, Edward A. Ayres, J. MacDonald, Edwin Reisman, William O'G. Quinby, Thomas A. Clay, C. W. Cropper, H. W. Van Gaasbeek, John F. Smith, J. Harris Underwood, Edwin E. Harvey, Charles E. Putnam, Charles J. Craythorne, William Petry, H. G. Norton, William L. Pyle, Benjamin Guttmann, J. J. McGuire, G. H. Ward, Thomas P. Prout, H. T. Harvey, F. J. Keller, E. E. Conover, P. P. Rafferty, P. A. Potter, Paul M. Mecray, Joseph Koppel, Frank B. Cook, James J. Reed.

Associate Delegates.

H. S. Martland, Eugene H. Goldberg, J. B. Harrison, Harold A. Tarbell, Charles H. Harreys, Frank R. Zandt, A. C. Zehnder, R. H. Rogers, John S. Yates, B. S. Pollak, Julius Levy, Henry C. Barkhorn, Henry Allers, Isaac S. Long, John K. Bennett, George E. Titus, Irwin H. Hance, Milton S. Ireland, Frank B. Lane, Donald Miner, Francis H. Glazebrook, P. DuBois Bunting, David F. Weeks, Emma M. Richardson, Arthur Stern, E. D. Newman, Fred'k J. Hughes, Samuel R. Knight, M. J. Synnott, William H. Hicks, William A. Westcott, J. C. McCoy, C. C. Beling, F. S. Ballett, Willis C. Noble, E. E. Peck, R. C. Ribbans, E. R. Haussling, George W. Fitch, E. G. Stroud, G. E. Wilbur, J. W. Fithian, H. W. Kice, H. J. F. Wallhauser, Alexander Armstrong, S. B. English, D. J. Milton Miller, Byron G. Davis, John Walters, George H. Franklin, Edward L. Burns, William J. Hall, George N. J. Sommer, Philip Marvel, George T. Tracy, W. Blundell, D. L. Morrison, Charles C. Saulsberry, George E. Tuers, A. M. Heron, William Lalor, Laurence P. Runyon, C. J. Hailperin, E. E. Worl, L. H. Smith, A. W. Bingham, Lancelot Ely, S. H. Baldwin, George J. Holmes, Harold D. Carbusier, Ed. L. Bull, Howard S. Forman, Wallace Pyle, Carl E. Sutphen, Henry Kipp, R. C. Newton, A. B. Davis, Alvin R. Eaton, Jr., W. H. Long, Henry A. Towle, Daniel Eliot, W. H. Merrill, Charles H. Schlichter, L. B. Hirst, W. W. Kain, Hyman I. Goldstein, W. H. Pratt, Joseph E. Roberts, E. W. Marcy, J. Finley Bell, A. Haines Lippincott, T. B. Lee, Charles L. Ill, N. E. Feury, David A. Kraker, William W. Goodwin, C. M. Franklin, Henry B. Slocum, Clarence A. Hofer, Dowling Benjamin, G. V. V. Warner, Charles E. Titus, Edw. R. Rogers, Katherine R. Sherk.

Guests.

John C. Bloodgood, Richard C. Cabot, T. H. Weisenberg, E. E. Purcell, J. E. Duffield, Louis F. Bishop, Charles W. Burrows, George C. Pratt, William M. Leszynsky. There were also present the wives and families of many of the physicians in attendance.

Permanent Delegate Absentees (1912).

Atlantic County, E. A. Reiley*; Bergen County, Samuel E. Armstrong, John E. Pratt*; Burlington County, R. H. Parsons; Cape May County, Randolph Marshall; Essex County, Charles Young*, Joseph C. Young, E. J. Ill, R. P. Francis, James T. Wrightson, C. E. Underwood, William Buerman*; Gloucester County, George C. Laws, E. T. Oliphant; Hudson County, Henry Spence, J. A. Exton, John J. Baumann; Mercer County, R. R. Rogers, David Warman; Monmouth County, Edwin Field, Cyrus Knecht; Morris County, A. A. Lewis*, B. D. Evans*; Passaic County, P. A. Harris, F. F. C. Demarest, Frank J. Keller; Somerset County, S. O. B. Taylor; Union County, J. Ackerman Coles, T. H. Tomlinson, James S. Green, E. B. Grier, John P. Reiley, Stephen T. Quinn.

*Excused.

Permanent Delegate Absentees (1911 and 1912)

Essex County, Richard P. Francis; Gloucester County, Eugene T. Oliphant; Monmouth County, Cyrus Knecht; Union County, J. Ackerman Coles.

Permanent delegates absent for two years consecutively must send a **written** excuse, acceptable to the Council, otherwise their names will be read before the society and dropped from the role of permanent delegates.

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Book Reviews.

COLLECTED PAPERS BY THE STAFF OF ST. MARY'S Hospital (Mayo Clinic) for 1911. Octavo of 603 pages, illustrated. Philadelphia and London. W. B. Saunders Company. 1912. Cloth, $5.50 net.

This is a book which should be carefully *studied*. Every physician will find something and probably many things of particular interest and profit to himself. The great variety of cases seen by the Mayos and their associates, the careful and systematic examinations, the frank and full descriptions of the care, treatment and results give special value to this volume.

THE SURGICAL CLINICS OF JOHN B. MURPHY, M. D., at Mercy Hospital, Chicago. Volume I., Number 3. Octavo of 174 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1912. Published bimonthly. Price per year: Paper, $8.00; cloth, $12.00.

The articles of special interest in this number are: Impacted Colles' Fracture, Fracture of the Olecranon, Division of the Brachial Plexus, Cystic Goiter, Cholelithiasis, Extradural Hemorrhage from Trauma, Potts Fracture, Five Diagnostic Methods of John B. Murphy.

INFANT FEEDING. BY CLIFFORD G. GRULEE, A. M., M. D., Assistant Professor of Pediatrics at Rush Medical College, Attending Pediatrician to Cook County Hospital. Octavo of 295 pages, illustrated. Philadelphia and London. W. B. Saunders Company. 1912. Cloth, $3.00 net.

This work is based on the lectures delivered to the students of Rush Medical College and, while intended for physicians, is not so technical as not to be easily comprehended by nurses and intelligent women. The author is to be especially commended for the views expressed in favor of maternal nursing.

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*As the Annual Meeting of A. M. A. occurs at same time, the Board of Trustees will doubtless change the date.

LARGE FEES AND HOW TO GET THEM.

Medicine As a Business.

Chapter I. of "Large Fees and How to Get Them." Referred to by Dr. Welch in the Passaic County Medical Society report, Mar., 1912.

As a general proposition it is safe to assert that the practice of medicine from a business standpoint is a failure. The successful exceptions merely prove the rule. * * *

The practitioner of medicine, like every man who relies on his own hand and brain for a livelihood, is entitled to a bit of earth that he may call his own, at least a modest competence, and a well-earned rest when his sun begins to set and the twilight of his life approaches. How many doctors are in a position to enjoy or even render less awesome their twilight days? As city doctors are all supposed to be rich—at least by the public, that does all it can to prevent their becoming so—it would be interesting to know what proportion of them, even in metropolitan medical centers, own their own homes or have property investments. A far smaller proportion than is just, I fancy.

The assertion has been made that the general poverty of the medical profession is due to a lack of appreciation and a contempt for the rights of the medical man on the part of the public at large. This, however, is a secondary matter which, being self-evident, overshadows the primary cause—the asinine stupidity of the profession itself. As a broad, general proposition the reputable profession as a whole has about as much sense as the dodo, and, unless signs fail, will, sooner or later, meet the fate of that remarkable bird. How the profession can expect the respect and appreciation of the public when it has no respect or appreciation for itself is difficult to conjecture. The public cannot be expected to keep clean the nest of the medical dodo. Furthermore, the public quite rationally values the stupid thing according to its self-appraisement.

Primarily, the practice of medicine is supposed to be founded on the mawkish, blanket-like sentiment of philanthropy, which is expected to cover both God's and devil's patients—the pauper and the dead-beat, the honest man and the rascal, the rich and poor alike. The doctor is expected to wallow eye-deep in the milk of human kindness, scattering it broadcast for the benefit of humanity, but he is in nowise expected to even absorb a little of it, less to swallow a gulp or two occasionally for his own benefit. By way of piling Pelion upon Ossa, the public having discovered that the doctor sets little value on his own services, proceeds to eye him with suspicion; the tradesman is very careful how he trusts doctors. Of course the tradesman has his own family physician "hung up" for a goodly sum, but — knowing doctors to be poor business men—the tradesman often cheats them in both quality and price of goods.

It is a great and goodly game that plays from both ends and catches the victim in the middle. The tradesman has one redeeming feature, however, he does his best to teach his doctor patrons a lesson. He either sends his goods C. O. D., or, if the doctor be one of the favored ones, he finds the bill in his mail bright and early on the first of the month. I often think my tradesmen must sit up all night in order to get their bills in bright and early on the first. If not paid by the 15th, a collector is usually at the doctor's office to see about it.

Yet the professional dodo—my apologies to the shade of the "sure enough" dodo—will not learn. He goes on and on, neglecting his accounts, mainly because he is afraid of offending his patrons and driving them off to some other doctor who isn't so particular; and the worst of it is there are plenty of contemptible fellows who draw their own salaries promptly when due, or present their bills for goods with frantic haste, who consider a doctor's bill a flagrant insult. Will nothing ever inspire the doctor with courage enough to despise and ignore such contemptible trash? Does he prefer the role of a lickspittle to that of an independent and self-reliant man?

As illustrations of the value the profession sets on its skill and learning, the amount of gratuitous work done is striking. Our pauper, or pauperized patrons are divided into several classes, viz.: 1. The free hospital, clinic and dispensary class. This is on the increase. According to Dr. Frederick Holme Wiggin, 51 per cent. of all cases of sickness in New York City are now classed medically as paupers, as against 1.5 per cent. twenty years ago! This is appalling. Of all these alleged paupers it is safe to say that 75 per cent. are able to pay full or at least fairly good fees. Why should pauperism be shown so prominently in the matter of medical bills, as compared with other necessities of life? And why should the profession carry a burden that belongs to the public? 2. Free patients of the private class: (a) those who can pay but will not, i. e., dead beats, and swindlers; (b) persons whose circumstances are such that the doctor feels in duty bound to render no bills; (c) persons who presume upon social acquaintance with the doctor to "hold him up" for friendly, perhaps informal, consultations.

It requires no great mental effort to see the terrible load the profession is carrying—self-inflicted, and often for fallaciously selfish motives, it is true, but none the less heavy. The college and free hospital may be the professional "old man of the sea," but so much the worse for the medical Sinbad. Whatever the explanation, private practice is on a par with dispensary practice with regard to impositions practiced on the doctors. It is safe to say that, of the sum total of surgical and medical patients of all kinds and social conditions under treatment in Chicago at present time, over one-half are paupers—honest or dishonest. Pay the doctor for the work involved in this wasted and misapplied charity, and the medical profession would plunge into a sea of prosperity that might swamp it. And it is only the rank and file of the profession that suffers.

Ye celebrated professor, reaching out for glory, yet, into infinite space, clutching frantically at everything in sight, no matter how profitless—providing the other fellow dosn't get the case—often defeats his own ends. And the great man dies, and is buried, and we take up a collection for his widow, to meet his funeral expenses, and sell his library—six feet of earth make all men of a size.

One of the most potent causes of professional proverty is the mania of the doctor for the pretense of well-doing. He exhibits this in

many ways. One of the most pernicious is an affection of contempt for money. This it is that oftens impels him to delay the rendering of his accounts. Oftentimes his patient offers to pay all or part of his bill. With a lordly and opulent wave of his marasmic hand the doctor says, "Oh, that's all right; any time 'will do." And the triple-plated medical imbecile goes on his way with a dignified strut that ill befits the aching void in his epigastric region, and is decidedly out of harmony with the befringed extremities of his trousers. And then the doctor apoligizes to himself on the ground of a philanthropy that is but the rankest and most asinine egotism. When will the doctor understand that payment deferred maketh the patient dishonest? When will he consider the necessities of his wife and children as outweighing the feelings of the patient who owes him money? When will he be a man, and not a timeserver and truckler to appearances? He would take the money did he not fear the patient might suspect that his doctor was not prosperous. He wishes the patient to think the doctor and his family dine with the chameleons, or are fed by ravens. Yet the medical Elijah waiteth in vain for the manna-bearing birds. They know him for what he is—a counterfeit prophet who vainly yearns for the flesh-pots of Egypt, who has a ponderous and all-consuming desire for pabulum, and a microcephalic capacity for finance.

Doctors are supposed to be keen judges of human nature. I often think this is absolutely without foundation. Defective knowledge in this direction is a very expensive luxury to the medical profession. The confidence man and sharper cannot fool the average doctor into buying a gold brick, perhaps, but they can come near it. The oily tongued and plausible man with a scheme finds the doctor his easiest prey. The doctor has often hard enough work to wring a few dollars out of his field of labor, and it might be supposed that it would be difficult to get those dollars away from him, but it's only too easy. He bites at everything that comes along—he often rises to a bare hook. Mining stocks, irrigation and colonization schemes, expensive books that he doesn't want, will never need and couldn't find time to read if he would, histories of his town or state in which his biography and pictures will appear for $100, proprietary medicine schemes, stock in publications of various kinds; he bites at everything going—he has (embonpoint cerebrale). Oh, but the doctor is easy! I have very painful memories. The best investment I ever made was when I paid a fellow for painting a sign for the door of my consultation room,reading: "Notice—Persons with schemes will please keep out. I have some of my own to promote."

It is rather a delicate matter, perhaps, for a college professor to touch on the evils of medical colleges in their relation to the business aspect of medicine, but I shall nevertheless speak plainly and to the point. While theoretically the better class of medical colleges were founded solely for the advancement of science, it is none the less true that self-aggrandizement has been the pedestal on which most of our disinterested giants in the teaching arena have stood and are standing. Remove the personal, selfish interest of college teachers and most of our schools would be compelled to close for lack of instructors. Let us be honest with ourselves, please. Not that self-interest is reprehensible—I hold the contrary. One may teach for salary, reputation, the love of teaching, or a desire for self-improvement, it matters not, for if he be of the proper timber he is the right man in the right place. Self-interest makes better teachers on the average than philanthropy, providing the primal material is good.

Granting that self-interest is the mainspring of the college professor, is he very "long headed" from a business standpoint? I submit the following propositions as proving that the average college professor defeats his own ends:

1. He devotes to teaching, time and labor over and above the exigencies of ordinary practice, which, if devoted to cultivating the good-will of the laity, would be much more profitable; 2. While cultivating the acquaintances and friendship of the alumni of his school —a few each year—he alienates from himself the friendship of every alumnus of every rival school, the instant he begins teaching; 3. He is unreasonably expected to devote a large percentage of his time to the gratuitous relief of medical students and physicians. He may give his time cheerfully, but he yields up his nerve force just the same; 4. He assists in educating and starting in life young, active competitors to himself; 5. Most college professors are less successful in the long run than the more fortunate ones of the rank and file who have never aspired to teaching honors; 6. Greater demands are made on a professor's purse than if he were in the non-teaching ranks of medicine. He, more than all others, is expected to put up a prosperous appearance.

The college clinic—especially of the surgical sort—is far-reaching in its detrimental effects on professional prosperity. Few or no questions are asked, and the millionaire is being operated daily, side by side with the pauper, free. And the blame does not always lie with the professor who runs the clinic. General practitioners bring patients to the free clinics every day, with full cognizance of their ability to pay well. Why doctors will persist in thus cheapening surgical art is difficult to conjecture —but they do it just the same. Of course, the college clinic is supposed to be a theatre of instruction. Often, however, it is but a stage on which comedy-dramas are enacted. A brilliant operation that nobody six feet away can see, and an operator bellowing at his audience like the traditional bull of Basham—in medical terms that confuse but do not enlighten, terms that are Greek to most of the listeners—this is the little comedy-drama that is enacted for students who have eyes but see not; who have ears but hear not. Instruction? Bah! Take the theatric elements and the plays to the gallery out of some college clinics and there wouldn't be a corporal's guard in attendance.

Worse than the free clinics are the so-called charitable hospitals. Much has been said of dispensary abuses, but few have had the courage to say anything in adverse criticism of these institutions. While nominally founded to fill "a long-felt want"—and the number of long-felt wants, from the hospital standpoint, is legion—these hospitals are founded on strictly business principals, save in this respect—the people who found them feed on their innate capacity to

get something for nothing. The first thing the founders do is to get a staff of doctors to pull the hospital chestnuts out of the fire. The members of the staff think that the hospital is performing the same duty for them, and everything is serene. And so the surgeon goes on operating on twenty patients—fifteen of whom are able to pay him a fee—in hope that one among them all is willing to pay him a fee.

Exaggeration? Well, I cannot swear to the accuracy of the foregoing, but an eastern surgeon of world fame once told me for every patient who paid him a fee he operated on nineteen for nothing; and this man has no public clinic, either. Is it conceivable that the nineteen free patients are all paupers? Many of them go to my friend for operation from very long distances. Ought the railroads and hospitals to have all the profits? Have we not all had similar experiences in a lesser degree? With the development of charitable hospitals far in excess of any legitimate demand, it has come to pass that surgery is almost a thing unknown in general city practice. Even the minor operations have left the general practitioner—to return no more so long as there are free hospitals and dispensaries. Where is the emergency surgery, of which, in former days, every practitioner had his share? Railroaded off to the "charity" hospitals to be cured gratis. In a recent conversation with a practitioner of thirty years' experience, I said, "Doctor, you used to do a great deal of general surgery throughout this section of the city. Have the hospitals affected your practice in that direction to any extent?" He replied, "Surgery with me is a thing of the past. Even emergency cases are carted off to the nearest hospital. If by chance one does fall into my hands, it is taken away from me as soon as I have done the 'first aid' work." Personally, I see very little use in teaching surgery to the majority of students who intend to practice in our large cities—they will have little use for surgical knowledge.

Here are three cases in illustration of the way our "charitable" hospitals antagonize the business interest of the profession:

1. A very wealthy farmer engaged me to perform an exceedingly important operation. It was understood that $1,000 was to be the honorarium. He was afterwards advised to go to a certain "religious" hospital, where he was operated on by an eminent surgeon, who received nothing for his services. The patient paid $15 a week for hospital accommodation, and $25 a day to his family physician, who remained with him "for company." What a harmonious understanding between the patient and his family doctor—and what a "soft mark" that surgeon was. I had the pleasure of telling the latter of the gold mine he didn't find, some time later, and the shock to his system amply revenged the body surgical; 2. A patient who was under my care for some weeks and paid me, an excellent fee finally divulged the fact that he had meanwhile been living at a certain hospital as an "out patient," at an expense of $8 a week. He had become dissatisfied with the hospital attention, he said, and pretending great improvement, was permitted to get about, out-of-doors; 3. A man on whom I operated and who paid me my full fee without argument or question, came to me directly from one of our large hospitals, where he had been sojourning for several months.

That medical men in hospitals are imposed on is a trite observation. So long, however, as it appears to be the doctor's advantage to be on a hospital staff, plenty of men will be found who will be glad of the chance. As for the injury which the system inflicts on the profession at large, that is no argument with the individual. Human nature operates here as elsewhere. Knowing that the system is bad, we are all anxious to become victims.

In recommending the payment of salaries to hospital men, the Cleveland Medical Journal claimed that such a plan will remedy all the evils incident to the professional side of hospital management. I do not agree in the opinion that the payment of salaries to the staffs of institutions for the care of the sick will alone correct the evils of such institutions. The writer of the aforesaid editorial is incorrect, also, when he says that an awakening is at hand. No, not at hand; it is coming, though; the handwriting is on the wall. When the revolution does come, this is what will happen:

1. Hospital physicians and surgeons will be paid salaries; 2. Hospitals will take as free patients or patients who pay the hospital alone only such persons as rigid investigation has shown to be indigent. All others will be compelled to pay their medical attendants, just as in private practice; 3. Certificates of indigency will be required of every free patient, such certificate being signed by the patient's attending physician—outside of the hospital—and at least two other persons in the community where he or she resides. 4. General, and especially country, practitioners will cease to deceive hospital doctors as to the circumstances of their patients. One medical man should not impose on another.

Too much trouble, eh! Well, my friends of the hospital and dispensary—for the same charges should apply to the latter—you must either take your medicine or the revolution will go farther and this is what will happen. The profession at large will boycott every man who runs a college clinic, and every hospital and dispensary man. It will fight colleges and hospitals to the bitter end. The day is perhaps not far distant when doctors outside of colleges and hospitals will run their private practices on the co-operative plan, thus dealing a death blow to the free clinic and dispensary. Every man of prominence will have his own private clinic and advertise it among his patients. What is fair for twenty or thirty men is fair and ethical for one. Each man can have his own hours for the poor; he can eliminate the unworthy ones, and, best of all, he can refer all his dead-beat patients to his clinic. Pride may bring fees from patients to whom honesty is a thing unknown. The private hospitals will run most of the public hospitals off the earth. There will be no room for anything but municipal hospitals run squarely and fairly for charity, and reputable private hospitals run frankly for pecuniary profit, in which the operation and the attendance fees are the chief factors. Such hospitals will benefit, not hurt the profession.

One of the most vital flaws in the business sense of the general practitioner is his penchant for the hero worship. He hears for the medi-

cal tin god from afar, and burns incense on the altar of his greatness. The great man pats the humble doctor on the back, calls him a good boy, and tells him just where to take all his cases. Sometimes he offers to divide fees with him. The medical tin god is truly a "self-made man in love with his maker." He has "genius stamped upon his brow—writ there by himself." His evolution is interesting. It is history repeating itself: Apsethus the Libyan wished to become a god. Despairing of doing so, he did the next best thing—he made the people believe he was a god. He captured a large number of parrots in the Libyan forests and confined them in cages. Day after day he taught them to repeat. "Apsethus the Libyan is a god," over and over again. The parrots' lesson learned, Apsethus set them free. They flew far away, even into Greece. And people coming to view the strange birds, heard them say, "Apsethus the Libyan is a god; Apsethus the Libyan is a god." And the people cried "Apsethus the Libyan is a god; let us worship Apsethus the Libyan." Thus was founded the first post-graduate school. The medical Apsethus and the deluded parrots of the medical rank and file are here, and here to stay, until both are starved out. And the modest general practitioner looks up to the medical tin god and wonders "upon what meat does this our Caesar feed that he hath grown so great?" The meat of industry? Perhaps the meat of prodigious cerebral development? Seldom. The meat of opportunity? Yes, yea, my struggling brother, "and the devil take the hindmost." But more than all, he hath fed on the meat that the parrots have brought him—Elijah's ravens were not a circumstance to those parrots. "In the kingdom of the blind the one-eyed man is king."

How long will the general practitioner continue to play parrot to the medical tin god of the charitable hospital the very existance of which is a menace to the best interests of the profession—the profession for which the institution has no charity? In that happy time to be there will be no tin god. There will be a more equitable division of work and every prosperous community will have its up-to-date hospitals with up-to-date men at the head of them.

As for the post-graduate teacher—good or—he is already defeating his own ends—he is exciting ambitions in the breast of his pupils. Here and there among them is an embryo McDowell, a Sims, or a Beattey. The backwoods country produces good, rich blood and virile brains. And the Sims, and McDowells, and Beatteys of the future will be found in relatively small places, doing good work, and the—good-bye to the tin god and his horn, "for whosoever bloweth not his own horn, the same shall not be blown." And in that day the parrot shall evolve into an eagle and the hawk have an eye to windward. Meanwhile, hurrah for the post-graduate school and its pupils, and more power to the tin god.

This business handicap is so self-evident that it is hardly necessary to touch on it. We raise the standard of medical education year by year, yet mushroom colleges do not go—they are here to stay. If one-half the colleges were wiped out of existance there would still be more than enough to supply the demand for physicians. We have done the best we could to breed competition by manufacturing doctors, and we are doing all we can to make that competition first-class—a queer business proposition in face of the oversupply of doctors. We are unjust too, to the men we educate, by offering them inducements to enter an already overcrowded profession—but so long as human nature is as it is I see no way out of the dilemma.

There was once a time when it appeared a goodly thing for the chosen few to get together like the "three tailors of Tooley street," and, after establishing to their own satisfaction the fact that they were indeed "the people," formulated rules for the guidance of the many. These rules were called "ethics." And the profession has been wrestling with ethics ever since, trying to determine what it was all about anyhow. The ethical garment of half a century ago no longer fits—it is frayed and fringed, and baggy at the knees; full many a patch has been sewed on it, in individual attempts to make it fit from year to year, until it is now, like the Irishman's hat, respectable by age and sentimental association only. And the public, the ever practical and heartless public, has also wondered what 'twas all about, and exhibits little sympathy for a profession which, while driveling of ethics, has "strained at gnats and swallowed camels."

Who does not remember when all the wiseacres with number eighteen collars and number five hats seriously discussed the relative propriety of "Specialty" vs. "Practice Limited," on professional cards? How many have changed. And then came the discussion by a learned society, of the ethical relations of "Oculist and Aurist" to "Practice Limited to Diseases of the Eye and Ear." And it was decided that men who had the former on their cards were not ethical and could not enter that society! Ye Gods! Is the fool-killer always on a vacation? Must we always see those long ears waving over the top of the ethical fence, built by the fat hogs to keep all the little pigs out of the clover patch? What is the public to think of a profession that winks its other eye at the man who prints on his cards, "Diseases of Women Only," but rolls up its eyes like a dying rabbit at the sight of a card reading, "Diseases of Men Only?" What has raised the woman leucorrhea to a more exalted plane than that occupied by man with prostatorrhea, does not appear. Why so many inconsistencies, and why such hypocrisy?

Sir Astley Cooper had his own private "hours for the poor." Our European brethen print their colleges and hospital positions and all their titles on their cards. Are they less ethical than we? Homeopathy is a dead duck over there, and quackery has a hard row to hoe in Europe—queer, isn't it? Our system of ethics has not only been hypocritic, but somewhat confusing. The young man on the threshold of medicine dosen't know "where he is at:" He is confronted by the unwritten law that only celebrated men and quacks may advertise. Small fry, who haven't the ear of the newspaper nor a chance for a college position, are tacitly ordered to keep their hands off. And the young fellow watches the career of the big man, who hides every other man's light under his own bushel, and marvels much.

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ORATION IN MEDICINE.

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COMMON DIAGNOSTIC ERRORS.

By Richard C. Cabot, M. D., Boston, Mass.

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My talk this evening is based upon my experience in the last five years with an exercise which I shall first describe to you. At the clinic at the Massachusetts General Hospital, where my work is done, the students and some practitioners of the neighborhood, who are always invited to these exercises, are given the typewritten history of each one of the cases that has come to autopsy during the past week. We average six cases a week; and those who attend these exercises have in their hands the history sheet, containing the results of the physical and laboratory examinations, as well as the history proper. I am particular never to know or to let any one tell me the outcome of the case, as it has been shown at autopsy. I read the record aloud, discuss it with those present, and commit myself as to what I think will be found at autopsy. I also make them commit themselves, and then the pathologist demonstrates what actually was found. That exercise I have carried on for five years, winter and summer; and it has taught me a good many things; and the bulk of what I have to say is garnered from what I have there learned.

Three months ago, we finished up our three thousandth autopsy, and although that is not a very large number of cases, the fact that they were studied both before and after death gives one a basis of knowledge that, while not very wide, is very secure, so far as it goes. All that I have to say tonight is based on that, and cannot be a matter of conjecture or of opinion.

I have taken the liberty of having passed around and placed on your chairs a diagram, which I should like to explain. It refers to the percentage of success and failure in the diagnosis of certain typical conditions in these three thousand autopsies. It does not represent all the diseases, because to do so it would have to be as long as your arm. I picked out certain conditions, and represented my percentage of success in diagnosing them. The pitfalls come at the bottom of the sheet, and the safe ground at the top.

1. As you observe, at the top stands dia-

betes mellitus. We have never gone wrong in making a diagnosis of this condition in this series, except when a complication with tuberculosis or some other disease has occurred. Tuberculosis is a frequent complication of diabetes; and it has been in such cases that some of our most humiliating failures have occurred. I wonder whether you are sufficiently prepared for the pitfalls into which I have fallen so many times; that is, the lack of symptoms in many of these cases of *phthisis* complicating diabetes, so that we find at autopsy evidences of active phthisis that we had not suspected during life. The disease takes in such cases a course quite different from the ordinary. In one case, two lobes out of three in one lung were converted into a solid yellow mass without cavities. There had been no expectoration, because no breaking down of tissue; and almost no cough. That happens not infrequently. I mention it to show that one must look more carefully for the physical signs of pulmonary tuberculosis in diabetes, and expect a good deal less in the way of symptoms than under any other set of conditions known.

2. In typhoid fever, it is natural that we should have judged rightly in ninety-two per cent. of the times; because of the three methods of laboratory diagnosis applicable to this disease. We have made it a routine procedure for years to take a blood culture in every case, as well as leucocyte count and a Widal test. It is curious, the interrelation of these two tests. The blood culture is positive during the first week of the disease, when the other test fails; and the Widal reaction is positive after the first week, when the blood-culture fails. It is largely for this reason that there are so few mistakes in our diagnoses of typhoid fever.

If there had been room, I should have put on the chart above diabetes two other diseases, leukemia and pernicious anemia. These are the easiest of all diseases to recognize, provided that you have thought of and looked for them at all. We have practically not made a mistake in either of these two diseases. I did not put them down, because they are less common and less important than diabetes.

Next comes aortic regurgitation, with 84 per cent. of successful diagnoses, which is very far ahead of our per cent. of successes in any of the other cardiac lesions, in mitral stenosis, for example (69 per cent.), and aortic stenosis (61 per cent.). There are reasons for this. Aortic regurgitation shows well-marked signs, which are present in practically every case. Mitral stenosis has a variable symptomatology, and may or may not show the signs stated in the textbooks; indeed, it may be impossible of diagnosis, when the patients are seen for the first time in a serious condition, near death.

4. I think that to many it will be a surprise to find that cancer of the colon was often overlooked. In two cases of this series it was not found even at operation; and in a number, it was found only post-mortem, when it had not been operated on or suspected. A very small proportion of these cases of cancer of the colon had any tumor that could be felt. When the diagnosis was correctly made, it was made from the symptoms of chronic obstruction in an elderly person, without known cause or tumor. That is, it was made on statistical evidence, and not on direct physical signs, in most of the cases in which the diagnosis was right.

5. Chronic glomerulonephritis (which is a term applied to what is called chronic parenchymatous or chronic diffuse nephritis, not interstitial) was recognized about three-quarters of the times.

6. It was recognized in 72 per cent. of the cases that there was a cerebral tumor somewhere; but as most of the cases underwent the operation of decompression, the contrast between the place where the surgeon went in and the one where the tumor was found was humiliating. The science of cerebral localization for tumors is still in its infancy. The reliable signs stated in the text books sometimes work, but frequently fail. We can usually make a correct diagnosis of tumor somewhere in the brain; but although these cases were studied carefully, they were often wrongly operated on beneath the tentorium, instead of on top of it, and on the wrong side of the skull.

7. Tuberculous meningitis comes next. It was not one of our greatest successes or greatest failures. I will refer for a moment to another diagnosis which was frequently made wrongly, and in which the correct diagnosis was often found to be tuberculous meningitis. I refer to cases called *"cerebral syphilis."* Not a single correct diagnosis of this disease was made in the whole three thousand autopsies. That diagnosis was made several times, but was incorrect in each case. With the great number of cases in our hospital, one would think that the diagnosis would sometimes be substantiated at autopsy. The fact that none was found should give us pause in making that diagnosis as often as we have made it. In some cases, tuberculous meningitis turned

out to be the true diagnosis; in others, it was sclerosis of the cerebral arteries.

8. The percentage of correct diagnoses of gastric cancer would have been higher, if I had taken only the later years, instead of starting in 1894. Since we have had bismuth X-rays of the stomach, our percentage of correct results has been higher. I want to recommend to those who have not used the method or had access to X-ray operations, bismuth as a help in the diagnosis of gastric cancer. If one gets familiar with the appearance of the normal stomach (which is marvelously different from the stomach as drawn in text books), when the process of peristalsis is going on, and compare it with the broken outlines in cancerous cases, you will get much help. In the Massachusetts General Hospital, we always have a bismuth X-ray, examine the size, motility and secretions of the stomach, and study the feces daily with the guaiac test for blood. Owing to these various studies, we do not make anything like the number of mistakes that we used to.

9. It is familiar to you that a clean-cut mitral stenosis has a sharply defined set of physical signs, unlike that of other conditions. One of these is that sharp roll, going up to the first sound, with no second sound at the apex. This sign sticks to our minds when we have heard, or even if we have only read about it, but it is imitated in other conditions, especially if the patient has a large and dilated left ventricle. Any of the conditions which give rise to this (aortic regurgitation, adherent pericardium, chronic nephritis, Graves's disease, arteriosclerosis) may produce at the apex a presystolic roll which is indistinguishable from that of mitral stenosis, and which we have mistaken for it repeatedly.

10. Brain hemorrhage we think of as giving the picture of apoplexy, usually with hemiplegia. In this series, there were *brain hemorrhages without paralysis*, under the following conditions: Three times, when the hemorrhage was *cerebellar;* twice when it was in the ventricle. It had broken through from the internal capsule, and had spread its pressure equally throughout the brain. In the third place, apoplexy without paralysis happened when the hemorrhage was in the frontal lobe.

11. Septic meningitis I have seen in two cases at autopsy, when acute uremia was the clinical diagnosis. I have warned you already in relation to my own failures in cerebral syphilis. I should like to warn you about "acute uremia." I have never known this diagnosis to be made correctly. I have made it a number of times, and was wrong every time; and every other such diagnosis that I know of was wrong when it came to a show-down. *Chronic uremia,* with its familiar group of symptoms, spreading over days or weeks, is diagnosed correctly by all of us; but acute uremia coming on suddenly, has never been correctly diagnosed, so far as my practice goes. In the first place, we must distinguish between this and eclampsia. Eclampsia does come on suddenly, and we can make a correct diagnosis of it; but it is not uremia. Most of the cases diagnosed as acute uremia turned out to be the following things: First, acute cerebro-spinal meningitis. A patient was brought to the Massachusetts General Hospital in a comatose condition, the attack having come on acutely, the patient not having been sick more than twelve hours. There was no paralysis, but there was moderate fever, and moderate leukocytosis, as in any form of coma. The catheter showed one per cent. of albumin, a thick, curdy precipitate with nitric acid, and the largest number of casts that I have ever seen in a field. The patient died, and a perfectly normal kidney was found—normal macroscopically and under the microscope.

I had another experience similar to that. The acute onset of cerebro-spinal meningitis should be held in mind, because we can cure it; and I have once seen a patient's life saved by the giving of Flexner's serum after lumbar puncture when acute uremia had been the diagnosis before.

Another condition often falsely diagnosed as acute uremia is cerebral arteriosclerosis, narrowing of the cerebral arteries without thrombosis, and the condition described by Pal as a *"vascular crisis."* A vascular crisis is a spasm of a group of arterioles. When it occurs in the heart, squeezing the blood in the coronary arteries, it produces angina pectoris. In the intestinal tract, it gives lead colic and the gastric crisis of tabes. In the brain, it gives a picture like apoplexy or uremia. This theory of "vascular crises" rests on two sets of facts. One of these is that ophthalmological examination of the eye has shown actual spasm of the retinal arterioles during a crisis; and the other, that in some cases operated on during an attack of lead colic the spasm of a group of arteries leading to the intestines has been seen by the surgeon operating.

I do not think that I need spend time in discussing aortic stenosis or miliary tuber-

culosis. These are classical pitfalls, which do not need especial discussion.

12. On thoracic aneurysm, however, I must dwell for a moment. As you see, we are now getting to the less satisfactory half of the table. Only half of these cases in our hospital were recognized during life. This condition is often diagnosed as "rheumatism." Rheumatism is the most common diagnosis that I know, and the one that is the most frequently fallacious. Aneurysm is one of the things mistaken for it, and tabes another. There are cases of aneurysm that do not give any characteristic signs except to the X-ray, and there the X-ray helps very much in the diagnosis; but there are cases in which the X-ray in the hands of excellent operators seems to show an aneurysm ,and yet the autopsy does not show it. Twice that has happened to me. The X-ray man said that he had seen it, but no aneurysm whatever was found. One cannot rely exclusively on that means of diagnosis, therefore, any more than on any other single method of getting information. Never put all your eggs in one basket here any more than in finance.

13. Hepatic cirrhosis was, to me, one of the greatest surprises in the series. It was correctly diagnosed in only 39 per cent. of the cases. That seemed pretty disgraceful to me at first; but, as I have studied the cases, I cannot see that we are likely to improve much on that figure in the next three thousand cases. Cirrhosis seems a simple disease to diagnose. You have an alcoholic with his abdomen full of fluid and vomiting blood; but not one of these "missed" cases had fluid in the abdomen. Most of them did not have enlargement of the liver. Enlargement may be diagnosed readily; but if you try to diagnose shrinkage of the liver, you have something very hard to do during life. You have to recognize it by percussion, which is very fallacious in this region. About the only thing about cirrhosis that I learned from this series of cases was that if you have a vomiting of blood without previous symptoms, it is more likely to be due to cirrhosis than to any other one thing. We have to thank the Mayos and other surgeons for driving home the point that gastric and duodenal ulcers bleed in only one-fifth of the clinical cases. On the other hand, pretty nearly two-fifths of all cases of cirrhosis do bleed; and, more than that, they often bleed (unlike peptic ulcers) without any previous symptoms. Very few conditions exhibit a profound gastric hemorrhage without previous symptoms except cirrhosis of the liver. I have learned through this series of cases to be more on the lookout for cirrhosis when hemorrhage from the stomach comes on without warning.

14. In acute endocarditis, by which I mean what is ordinarily called malignant, septic or ulcerative endocarditis, I was not surprised to find that we had made the correct diagnosis in only 39 per cent. of the cases; because this is so often a terminal event—an infection that takes place in the last days of life, when humanity prevents us from examining the patient thoroughly and frequently, because we know that we can do no good. In the majority of all cases acute vegetations on the heart valves arise very near the time of death, and are of no practical importance. They should not worry us much, even though we recognize them so seldom.

15. Suppurative nephritis is the term that I have used to include what is often called "acute hematogenous infection of the kidney," or "pyelitis." I have yet to see a case of pure uncomplicated pyelitis post-mortem. I do not think that there is such a thing. It is always associated with something else. It stands really for suppurative infections in or about the pelvis of the kidney. In recent years, the cases would show a better record of successful diagnosis than this series does, because the practice of cystoscopy has now become a routine measure. When this instrument is used in all cases showing pus in the urine, I think that most of these cases can be correctly diagnosed. We often see, before and after childbirth, or in girl babies, a fever with a little pus in the urine and nothing else. Some of the most puzzling cases of unexplained fever have turned out to be this form of urinary infection. I remember a number of cases in children with a temperature of 100 to 105 degrees. They were not examined, because the child was so young that no one looked for pus in the urine. When we have a case of unexplained fever in connection with childbirth or in girl babies, we should look for even a few leukocytes in the sediment of the urine.

16. Renal tuberculosis, I think, as in the disease last mentioned, we shall do better in the next few years than in the last, owing to the more frequent use of the cystoscope. The majority of these cases present symptoms not in the kidney, but solely in the bladder. The ordinary chronic cystitis of women or young men, with an acid urine, turns out often to be a renal tuberculosis, with or without involvement of the bladder.

We may have nothing but bladder symptoms even in cases in which the bladder is normal, while the kidney and ureter are involved.

17. Broncho-pneumonia interests me, because I think, in view of the experience that I have had in this series, that a large proportion of the cases diagnosed as bronchitis, if we exclude those in which only the large bronchi are involved, are really broncho-pneumonias. It has been said for years that bronchitis is a common complication of typhoid fever; but most of these cases in which there is bronchitis have also broncho-pneumonia. I make very few diagnoses of acute bronchitis to-day or of chronic bronchitis either; because autopsy experience has shown that most cases of so-called chronic bronchitis are really tuberculosis or bronchiectasis. In this latter disease the cavities get infected each winter, and then dry up in the summer, presenting no symptoms until the next winter; hence the basal condition is really a bronchiectasis, and not merely a bronchitis.

18. Vertebral tuberculosis is a disease that I had supposed to be one of the simplest to diagnose. It is so in children, when you have typical symptoms; but the mistakes in this series (we do not admit children to our hospital) were due mostly to the fact that the cases averaged fifty years of age. As we saw our cases when we were not looking for this disease, we failed to recognize it; for we are not looking for Pott's disease or vertebral tuberculosis in people of fifty years. If you have a plain knuckle in the spine, you recognize it; but the majority of these cases had none. They had a stiffness, which we might have recognized; but they had no kyphos and external abscess, although almost all had a psoas abscess concealed within the sheath of the muscle. Vertebral tuberculosis is one of the newest pitfalls that I have learned to beware of.

19. Chronic myocarditis I have referred to in other addresses. It is often impossible of diagnosis.

20. Hepatic abscess. Of this we have eighty autopsies in this series. They make one of the worst showings, only one-fifth of the cases having been recognized. The reason for this is obvious: the liver presents so few localized symptoms. We have no nerves in the liver, and all the nerves about it in the capsule. If the abscess is in the interior of the organ, therefore, it presents no pain or tenderness to draw our attention to that part of the body. The twenty per cent. of diagnosed cases were recognized by a history something like this: You have a case of appendicitis; you operate, and drain the wound. In four days, when the wound is healthy and healing, the temperature goes up. You examine the patient and find dulness in the right back, below the angle of the scapula. You suspect pleural effusion. The temperature continues to rise and fall. The white count goes up, and you have sweats and emaciation. In such cases you should warn the family that there is little hope; the patient cannot be surgically relieved when these abscesses follow appendicitis, because they are multiple. You have the evidence only of a generalized sepsis, with nothing definite to point to the liver. But in only that way, by our knowledge of the tendency of appendix abscess to metastasize in the liver, can we make the diagnosis at all. It is a good thing to suspect abscess of the liver in any case of unexplained sepsis when you have had an appendicitis or a colitis in the history.

21. Acute pericarditis and acute nephritis are the last two conditions on the diagram. Our poor result in the first was not a surprise to me, because it is another terminal lesion. I was, however, much surprised and ashamed to find that I could not make a diagnosis of acute nephritis. I am speaking in terms of my own experience; but I should not be fair if I did not say that I do not believe that any one else can do better. It is not a disease that always shows any characteristic changes during life. The textbook symptoms are all right to go by, if they are present; but they may not be present at all, and that is what happened in this series again and again.

There is but one point that I have time to mention in relation to diseases of the stomach. There are practically only two diseases that we can recognize surely: ulcer and cancer. We have not found gastritis in any considerable number of cases. We almost never find atonic dilatation of the stomach, or anything else but ulcer and cancer. The pathology of the stomach is ulcer and cancer, so far as my experience goes; and most things called stomach disease clinically are something outside the stomach. I once read a paper at Sandusky Ohio on "The Rarity of Gastric Disease." I still believe that organic disease of the stomach is comparatively rare, and that not one of ten of the cases that come to you for stomach trouble have anything wrong with the stomach. They have nervous prostration, tuberculosis, gall-bladder disease, chronic fatigue, etc. If you can exclude

ulcer and cancer, you can be pretty sure that you are not dealing with the stomach at all.

One thing more that I should like to speak of is the value of blood-pressure examinations in general diagnosis. Of all the various methods of examination, there is not one that has stood the test in this series as well as blood pressure. When it has been high, we have always found a big heart, except in eclampsia or puerperal cases and a few diseases of the brain. When the pressure is low, we sometimes find a big heart. The cause of a big heart can generally be worked out, if you know that you have it; and that can be told by means of the blood-pressure instrument.

This is a rag-bag of odds and ends, but I thought that you wanted something practical, so I presented it in this form.

Now, gentlemen, I have but one or two words more to say before I stop. I have in my hand a catalogued series of three thousand cases that I have studied at autopsy, showing exactly what was the matter. It is a thing that interests so few that I have not brought copies enough for everybody with me; but if any one who is interested in the matter will write to me at the Massachusetts General Hospital, I shall be glad to mail him a copy.

AN ANALYSIS OF THE REFRACTING OPTICIAN EVIL; AN APPEAL TO THE GENERAL PRACTITIONER.*

By LINN EMERSON, M. D.,
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The sense of sight is the most important of mankind, and the eye is the most delicate organ in the human body. While the human eye has been a source of wonder and admiration to all who have studied it, the celebrated physicist, Thomas Young, once remarked that if an optical instrument as imperfect as the human eye were sent to him for use, he would return it as defective. Thus, we learn that the human eye is often structurally imperfect, and as a matter of fact, there is not one person in a thousand who has absolutely normal eyes. The normal, or perfect, eye focusses parallel rays of light to a point on the retina, when the accommodative apparatus is at rest. This is accomplished mainly by the curvature of the cornea, and crystalline lens. If the antero-posterior axis of the eyeball is too great, the rays meet in front of the retina and the individual is myopic, or nearsighted. If this axis is too short the rays strike the retina before coming to a point, and the individual is hyperopic or farsighted. The word farsighted is a misnomer, as the individual may have so much hyperopia that he cannot see any more clearly at a distance than the nearsighted person, but this word has been in use so long that it is best understood by the laity.

The accommodative faculty is an evolutionary one; prehistoric man was no doubt hyperopic. In fact, the myopic individual was not fitted to survive when acute vision was required for securing food, or avoiding enemies at great distances. As the need for seeing at short range increased the accommodative power, or focusing faculty, became more highly developed, so that modern men became able not only to see clearly at a distance, but to maintain clear vision at short range for long periods of time. The invention of printing markedly increased the amount of near use of the eyes, but our modern industrial system and universal free compulsory education has made us all near workers.

Accommodation is brought about by the contraction of the ciliary muscle surrounding the lens, and by its action the jelly-like lens is made more convex, and thus near objects are brought to a proper focus on the retina. By the time a person with normal eyes has reached the age of forty-five, the lens has partially lost its elasticity so that near vision is obtained only with exceptional effort, and by the age of fifty it becomes well nigh impossible. To this condition of old sight the name presbyopia has been given and the normal-eyed individual is presbyopic at forty-five, despite the fact that a man is only as old as he feels and a woman as old as she looks.

Thousands of the women of our country to-day are enduring with fortitude the headaches, hot flashes and ocular discomforts that are all attributed to the menopause, because their family doctor knows nothing of the refraction of the eye, and the patients are unwilling to confess that they are old enough to wear glasses for near work. With normal eyes and health. a person of forty-five can go to the ten-cent store and fit themselves to +1.00 spherical glasses, and get on with perfect comfort; but how many people have normal eyes? Not more than one in ten have eyes that are *approximately* normal, so the fitting of the

*Read at the 146th annual meeting of the Medical Society of New Jersey, Spring Lake, June 11, 1912.

other nine to glasses becomes a more or less complicated problem.

Many presbyopes think because they see well with their glasses, that they must be correct. My own mother wore for months a pair of the cast-off glasses of my father, who is two and a half years her senior, and persisted that they must be correct, as she saw well with them. A troublesome occipital headache was relieved only by the correction of a small amount of astigmatism against the rule. The presbyope with approximately normal eyes who feels the need of glasses for near work only, may be justified in consulting the optician, and securing glasses which enable him to see distinctly. But even in such cases great harm may result as the average person is as ignorant in regard to his eyes as to the rest of his body, and I find many of my patients who have poor eyes, think they have good eyes. People are very prone to brag of their ancestors and of themselves, because they can see to read without glasses at the age of sixty or upwards. Many of them are shocked and skeptical when told that an individual who can read the newspaper at sixty without glasses has *not* strong eyes, but, on the contrary, is nearsighted and has poor eyes.

Farsightedness is a condition, but nearsightedness of any degree is a disease. People with nearsightedness and astigmatism are much more liable to choroiditis, detachment of the retina and cataract in advanced life. It has been observed that persons with cataract nearly always have considerable error of refraction; most of them have not worn glasses at all, or have not worn properly fitted glasses. This seems to be borne out in the high percentage of cataract in countries like India, where proper refraction is almost unknown.

Thus far I have only spoken of nearsightedness and farsightedness, but I now wish to draw your attention to the condition known as astigmatism; this is a word which even the laity use very glibly, but very few of them know its meaning, and I have found many physicians who were not clear as to its exact meaning.

It is very obvious to any one with even an elementary knowledge of optics that for parallel rays of light to be focussed at a point, the surface of the cornea must be perfectly spherical. When astigmatism is present, the cornea is parabaloid and, instead of being perfectly round as though cut from the side of an orange, is flattened as if it were cut from the side of a lemon. Very few people are free from this defect to some slight extent, and, owing to the pressure of the lids, the flattening is generally in the horizontal meridian, and the patient has what we designate as astigmatism "with the rule." As the astigmatic individual sees with more or less indistinctness, two factors are at once called into play. The lids are drawn together to lessen the aperture, and thus patients with astigmatism are said to squint. It is perfectly obvious that this squinting by the pressure of the lids on the eyeball causes a more or less rapid increase in the condition. In the young the irregular contractions of the ciliary muscle can so alter the contour of the lens as to correct small amounts of astigmatism. The fact that only small amounts of astigmatism can be corrected in this way, easily explains why the smaller errors of refraction often cause marked asthenopia and headache, when errors of higher grade do not produce these troublesome reflexes. In the higher grades the ciliary muscle at once abandons all effort to produce clear vision, and the patient simply does not see well. Many patients with high refractive error, and but half of normal vision, say, "Why, doctor, I can scarcely believe there is anything wrong with my eyes as I see perfectly well, and have never had a headache in my life." It is often very difficult to induce these patients to wear glasses, as never having had normal vision they do not appreciate the lack of it.

The patient with the small error of refraction says: "No, doctor, I do not think the trouble is with my eyes, as I see perfectly well, and my headaches are nearly always due to a stomach upset or a bilious attack." They look incredulous when told that 95 per cent. of so-called bilious and sick headaches are due to eye strain.

How is this brought about? In the normal eye clear distant vision is obtained with the ciliary muscle at rest. Given a modest amount of hyperopia, or a small amount of astigmatism, and the ciliary muscle is at once able to overcome the defect, and clear vision is obtained, but *only* by the constant *contraction* of the ciliary muscle. What other muscle in the body is asked to be in a condition of constant action? It is like attempting to carry a pound weight in the hand all day long. Is it any wonder that this muscle rebels, and all sorts of reflex asthenopic symptoms develope?

In the young patient with uncorrected refractive error of moderate grade, the ciliary muscle hypertrophies like the black-

smith's forearm, and in many of these cases we get a marked cramp or spasm of this muscle. This overstimulated, overacting muscle refuses to "give up" or "lie down," and that is the reason why glasses cannot be fitted in the young without the use of drops.

The correction of refractive errors by glasses was little understood or appreciated until Donder's classic treaties appeared in 1864, and the advantage of the use of drops to temporarily paralyze the accommodation was not appreciated until some years later. At first their use was vigorously fought by many eminent and capable oculists, and the discussion as to their advantage and disadvantage was at times acrimonious. I am happy to say that their advantages are being appreciated more and more, and but few oculists now discountenance their use. As Dr. James Thorington succinctly states in the *Journal* of the American Medical Association, December 24th, 1910:

"It is the almost unanimous consensus of opinion among the text book writers and ocular authorities, that the majority of individuals under thirty-five years of age, cannot have their eyes accurately measured for glasses without the use of drops." Without temporarily paralyzing the over-active ciliary muscle the actual refractive condition of the eye is not ascertained.

While certain allowance is made when the glasses are prescribed for the action of the ciliary muscle in overcoming a small amount of hyperopia, all existing astigmatism in patients under thirty-five must be fully corrected. The argument of the opposers of the use of drops that the patient refuses to "accept" or is not comfortable at first with his full astigmatic correction, is scarce worthy of consideration. In a recent discussion it was said to me, "But, doctor, they can't wear the glasses;" and my reply was not "can't," but "won't." We all have patients who "won't." I never saw a patient yet who honestly persisted in wearing their glasses for six weeks regardless of discomfort who did not grow accustomed to them. Glasses are an orthoptic appliance, and may I ask does the orthopedic patient gallop about and chortle with joy when he first gets his hip splint or other appliance. My own boy, when fitted with a hip splint, sat and cried in his misery; could not walk a step for three or four days; his perineal straps cut him till he bled, and well intentioned friends said they would take it off and let the hip go before they would let a child of theirs be so harnessed. He can now run with his brace on and is nearly cured of his hip disease as the result of its use. Would it have been wise to have given him a more comfortable splint that would have partially corrected the trouble?

Glasses fitted in the young without drops are half fitted, and but partially correct the defect, or relieve the symptoms. If properly instructed as to the discomfort that will at first ensue, nearly all patients will persist and become accustomed to their proper correction. The refractionist who gives his patient glasses, which gives him normal vision and makes him feel comfortable, without investigating his static refraction, is like the general practitioner who prescribes for symptoms only and overlooks the vital underlying cause. A prominent New York optician, in a confidential conversation a few years ago, assured a member of the Legislative Committee of the New York State Medical Society that he could fit glasses *without* drops as well as any oculist in New York, that he would give $10,000 to be able to use them in his routine practice, and that he had seriously considered the study of medicine for no other reason than that he might gain the right to use drops. In addition to the foregoing facts, when we consider the complicated question of ocular muscles unbalance, the intimate relation between accommodation and convergence, the effect on both these functions of intra-nasal, and intracranial disease, the dependence of ocular disease on blood dyscrasia, increased blood pressure, heart disease, kidney disease, syphilis, rheumatism, gout, diabetes, loss of sleep, overwork, particularly in growing children, pregnancy, nursing mother, etc., etc., it should be perfectly obvious that no optician should be permitted to fit glasses except to those who come of their own volition for presbyopic fitting. For him to advertise himself as a reliever of all the ills of the flesh by the fitting of glasses, and to permit him to fit the eyes of children is well nigh criminal. His specious plea that he sends all cases of ocular disease to the oculist is ridiculous, for in most instances he is unable to recognize such diseased conditions. As well open the doors of medical practice to every druggist in the land with the proviso that he shall only treat such cases as are not seriously ill, leaving him to decide which cases he is not to turn over to the physician.

Strictly speaking, the optician is a maker and seller of optical instruments, and the

ones who make and sell glasses are a valued aid to the medical profession. Many ethical prescription opticians are often compelled to sell patients glasses without a prescription, as the patient is unwilling to consult an oculist and if refused would go elsewhere to one of the various refracting opticians. It is not this practice that I wish to criticise, but the refracting optician who advertises himself as a skillful fitter of glasses and seeks to delude the public into the belief that he is what he is not.

The general public are not clear as to the words oculist and optician, and many think the words synonymous. I often ask patients the name of their former oculist, and when they name some notorious advertising quack optician, I say that he is not an oculist. The invariable reply is: "Well, he advertises himself to be." Not long since a man brought his child to me saying that he had been advised by his family physician to take the child to Leaming, an eye-sight specialist, with headquarters in Trenton, who travels about New Jersey and has office hours at various towns on various days. When asked if it would be as well to take the child to me the physician's reply was, that, while I was a very skillful specialist, I treated diseases, and also did throat, nose and ear practice, and as the eyesight specialist did nothing but fit glasses, he would possibly do it better than I could. The physician in question is a member of the New Jersey State Medical Society. With members of this society reasoning thus, it seems that there is a crying need for a paper such as I have prepared. Of all the alluring names, "opticist," "optometrist," ophthalmotrician," and many others, it appears to me that the words "eyesight specialist" are most likely to deceive the public and make them think the user of them is an oculist.

At a legislative hearing two years ago one of the opticians present made the claim that many oculists are incompetent refractionists. Because we have *some* oculists who are unskilled shall we increase the number of incompetents by licensing opticians, *all* of whom are incompetent?

I have frequently said that glasses fitted by opticians were almost invariably incorrest, and I can say with absolute honesty that I never saw a pair of glasses fitted by an optician to a patient under thirty years of age that were correct. While I confess that I sometimes see glasses that have been incorrectly fitted by an oculist, I never see any of the glaring errors so frequently perpetrated by the refracting optician. An oculist seldom fails if he has used drops.

This is the crux of the whole matter. The oculist as a physician has the right to suspend the accommodation with drops, and if he does so, even though he be a novice at fitting, there is no excuse for a glaring error. The eye is in a condition to reveal its static refraction, and if normal, he should be able to bring vision up to normal with proper glasses. Failure to secure such normal vision without manifest reason, should induce him to refer the case to a more experienced colleague for consultation. It is no disgrace for a medical man to ask consultation and happily the ideals of medicine demand that the patient's welfare shall be the first consideration at all times.

Unhappily the standard of admission to the medical profession in this country has been much too low in the past, and even now is not as high as it should be. As a result of improved conditions this state of affairs will be more modified in the next two or three decades and with the increased efficiency of the medical profession, will come a much higher standard in the specialties. I am firmly of the opinion that a special license should be granted the oculist, and that no doctor should be permitted to pose as an oculist without such licensure.

The fitting of glasses, however, is as much a part of general medicine as minor surgery, and every doctor should be able to do simple refraction work. As before stated, the use of drops enables the practitioner to at once determine if the case is a simple one, and if normal vision cannot be secured with the patient in that condition, there must be a reason therefor, and if the physician cannot ascertain that reason, his patient should be sent to an oculist for his opinion. Contrast the physician's position with that of the optician who is never certain of his ground. In the words of the Arabian proverb, "He who knows not, and knows that he knows not, is simple, teach him; but he who knows not, and knows not that he knows not, is a fool, shun him."

With the general practitioner possessed of a knowledge of simple refraction only, there would be a marked increase in the number of people wearing proper glasses, and much added comfort to the human family. Probably not more than 10 per cent. of the people who need glasses are wearing *proper* glasses, and it can be safely said that three-fourths of the glasses now in use are incorrect.

In view of these facts is it wise for the

State to put its stamp of approval on several thousand incompetent fitters of glasses? The old illiterate circuit rider was correct when he said: "The Scriptures say ye shall go forth and preach the gospel to every living critter," but the Scriptures do not admonish 'every living critter,' to go forth and preach the gospel.

When Governor Harmon, of Ohio, vetoed the optometry bill he said: "It is beyond question that the eye is so connected with the general system that the subject of impaired vision cannot properly be considered as though it were an independent function, and it is conceded that, especially in children, the condition and needs of the eye cannot in a great many cases be known without application of drugs for dilatation, as well as the examination of other bodily conditions. * * * So to set men who have not themselves had medical education and stood the careful tests required by the law in the interest of the public health, to examine and license others to deal with one of the most delicate and important organs, appears to me a step downward leading to grave peril. * * * I know of no other branch of medical practice which is split up as is here proposed. All other branches are complete in themselves, and no one is permitted to engage in them unless he is qualified to diagnose and deal with cases in all the aspects they may present. One who is not skilled in optical surgery and medicine surely cannot be safely trusted to tell whether these are not required instead of the mechanical treatment he is able to give, and the time lost in discovering the need of these will often make resort to them useless."

From the Optometry Number of the *American Medical Association Bulletin* I quote:

ARGUMENTS USED BY OPTOMETRISTS.

1. That optometry has no connection with medicine.

2. That optometrists do not use "drops" in their work.

3. That they are learned in the science of optics, of which the physician is ignorant.

4. That they refer cases of disease of eyes to oculists; and, finally,

5. That the passage of such laws will protect the public from the dishonest traveling vendor of eyeglasses.

A brief reply to each assertion is:

1. A medical training is absolutely necessary for a proper examination of the eyes, on account of the intimate relation between that organ and other parts of the body.

2. All, or nearly all, medical authorities assert that always in children and often in adults, the use of a mydriatic is necessary for a proper examination of the eye. Such drugs may be used according to law by those who have qualified for medical practice; but the optician has not so qualified as to legally use drugs; hence not only denies that any necessity for their employment exists, but asserts that their use is both harmful and needless.

3. To have an expert knowledge of optics requires a liberal education and it is safe to assume that a far greater proportion of physicians than opticians has secured a high school and college education with its accompanying training in physics.

4. To refer cases of diseased eyes to an oculist indicates an ability to diagnose, which is the most difficult part of medical practise. How the layman can differentiate between health and disease is beyond our understanding.

5. The passage of an optometry law fails entirely in what should be its object—the safeguarding of the health of the people.

The traveling optician is not eliminated; on the contrary, he secures his certificate as "Registered Optometrist," which practically carries with it a guarantee of the State as to the excellence of his work. Add to this, as easily can happen, a "Doctor," or "Doctor of Optometry," secured from some correspondence school, and it requires no stretch of the imagination to picture the awe which a peripatetic practitioner of this "new profession" may inspire.

If he were a licensed optician the case would be different, for the people in general would understand these terms. The optometrist, however, will find it profitable to explain that he is more than an optician or oculist, that he is a member of the "new profession" — optometry — and the seal of the State will lend weight to his words.

Other professions (the ministry, law and medicine, for example) make education a pre-requisite for their work, but "optometry" reverses all that, as shown by a pamphlet issued to members by their national society. The following letter was sent by Dr. Hiram Woods, of Baltimore, to every member of the Maryland State Legislature last winter and no doubt contributed to the defeat of the optometry bill:

1. PRESENT POSITION OF THE OPTOMETRIST.

Legal recognition as a scientific body, and legal authority to determine who shall and shall not become business competitors, are what optometrists ask for. Their business is not threatened by the medical profession,

save in so far as public medical instruction is cultivating public opinion.

2. RELATION OF OPTOMETRY TO OPHTHALMIC SCIENCE.

Optometry (measurement of the optical state of the eye) is not a science in itself. It is but part of the science of ophthalmology which includes the diseases of the eye. It cannot be logically isolated as a separate science. It is but part, and a most important part, of the whole, worked out and developed by medical specialists.

3. RELATION OF OPTOMETRY TO GENERAL AND EYE DISEASES.

Physicians who have studied the eye in relation to other diseases of the body know that the most significant symptoms of serious diseases are often shown by change in vision apparently needing glass correction; also that the early symptoms of blindness can often be found here. It is in this early stage alone that some of these troubles are curable. They form the most difficult part of eye work and can easily escape the expert oculist. They are impossible to anyone else. Further, statistics show that diseases of the eye which threaten blindness, are most apt to occur in eyes which require spectacles in early life; also that correction based on any other standard than complete study of the eye as a human organ, subject to disease, does not lessen danger. Such study cannot be made without the use of medicines. Under the system of correction advocated by the medical profession, liability to future disease is known to be lessened.

4. OPTOMETRY AND UNDERGRADUATE MEDICAL INSTRUCTION.

The science of fitting glasses, as viewed by the educated physician, is too technical to be adequately taught in the undergraduate medical course, though the principles are taught. Medical men take this course in post-graduate work. There is a stringent medical practice law, which compels four years of professional study before special work. To stamp with the State's approval the claim that non-medical men can be trusted to do the work which requires post-graduate medical study is gross inconsistency, and injustice to physicians.

5. MISLEADING QUOTATIONS IN THE PAMPHLET OF THE AMERICAN OPTICAL CO.

In a pamphlet edited by the Publicity Committee of the American Optical Co., and freely circulated in this State, there is a section on "The Danger of Instilling Drops." Two quotations from text books are, to all intent and purposes, misquotations, for from one passage sentences are omitted which greatly modify the meaning intended in the pamphlet, while the other is taken out of its proper place and made to imply something the author never intended. The real opinions of these and other authors on the use of medicines in examinations for glasses are omitted. Alleged dangers are exaggerated. It is respectfully submitted that men who cannot, or will not, even quote correctly, or who endorse and circulate garbled and misleading quotations, should not be trusted with scientific responsibility.

6. AUTHORITIES CONTRADICT THE OPTOMETRIST'S ASSERTIONS REGARDING "DROPS."

The overwhelming weight of authority is against the optometrist's position that medicines are harmful and prevent proper tests for glasses. In practically all young persons it is impossible to learn the real basic trouble without these medicines. Used intelligently by a capable medical man, they are harmless. This is manifest in the standard books now accepted as authorities.

7. SCIENTIFIC STANDING OF THE OPTOMETRISTS THEMSELVES.

There is not the least evidence that the men from whom the Optometrist Examining Board will have to be selected possess scientific education or are able to set up and maintain a high standard.

8. VETO MESSAGES AND ATTEMPTED RECENT LEGISLATION.

Your attention is called to the veto messages of Governors Harmon, Deneen and O'Neal, on pps. 23 to 26, in the enclosed Bulletin of American Medical Association. In 1910 and 1911 optometric legislation was defeated in the following States, in some of them in successive years: Texas, Massachusetts, Ohio, Maryland, Virginia, Illinois, Connecticut, New Jersey, Pennsylvania, Alabama, Wisconsin, Kentucky and Colorado. It was successful only in Oklahoma and New Hampshire.

9. EFFECTS OF OPTOMETRY LEGISLATION.

To give local recognition to the optometrist as a practitioner of a single part of one portion of scientific medicine, is to deceive unthinking people into believing he is an expert in the entire branch. The damage chiefly falls on poor people who consult him because they think he is cheaper.

Our profession is much indebted to the late Drs. Hubbell, Baker and Connor for their unceasing efforts to educate medical men, and laymen alike on the important subject, but to no one are we more indebt-

ed for his clear elucidation of the conditions involved, than to Dr. James Thorington, of Philadelphia, who I had hoped would be present to participate in our discussion.

DISCUSSION.

DR. NORTON L. WILSON, Elizabeth: What Dr. Emerson says about pre-historic man may or may not be so, but the fact remains that all children are born hyperopic. As they begin to use their eyes the muscles make pressure upon the elastic eyeballs, causing them to elongate from before backward. If this elongation of the eyeball goes beyond the normal point they become myopic. The doctor speaks of an astigmatism against the rule, that means as an axis at 180 per cent., because the rule is in plus glasses to find the axis at 90. Many of those old people who can read the newspaper without glasses have cataract which causes a swelling of the lens and a consequent myopia.

Let me emphasize the importance of the remark that 95 per cent. of headaches are due to eye strain, which in my opinion is a little high—I would say 85 per cent.—and that a few physicians (not many in my town) recommend to their patients the so-called optometrists, it is unnecessary to comment upon a physician who will ignore his fellows.

I recently saw a patient in the last stages of Bright's disease, with optic nerve swelling, fitted with glasses by an optometrist of twenty years' experience, according to his advertisement. The patient died six weeks afterward. One of the leading opticians in Newark told a patient it was not necessary for them to consult the doctor. He could fit them just as well as the doctor, and this is true of most opticians and all optometrists.

I agree with the doctor when he says a special license should be granted the oculist after a special examination, but I am not so enthusiastic about the general practitioner fitting glasses. My experience in teaching the general practitioner to do this work is that he only gets a smattering of the subject and does not do first-class work.

DR. F. J. MCKECHNIE, Jersey City: I want to mention a case to illustrate the opticians' law of New York City. A man came to me and stated that he had been to an optician and had been fitted for glasses twice—the last time, six months before he came to me. The optician had told him to bathe the eye in hot water. He had a sarcoma, and I had to remove the eye. At present, in the city of New York, there is an optician who claims that he is receiving patients from five hundred physicians of that city; that is, one-twelfth of the physicians in New York City are sending their cases to opticians, if his statement is correct.

DR. THERON Y. SUTPHEN, Newark: Did I understand Dr. Emerson to say that he thought there were cases of cataract induced by erroneous refraction?

Dr. Emerson: By lack of proper glasses.

Dr. Sutphen: I have my doubts about that. It is a point that, I think, cannot be proven. So far as the use of mydriatics or drops before the age of thirty-five is concerned, it is my experience that children under fifteen years almost invariably need refraction made under a cyclopegic. Between that age and forty years, I have found many patients who had to have drops used; but the vast majority have not needed them at all. In patients twenty years and forty, if an oculist knows what he is supposed to know, he can generally attend to the work of refracting without drops. In the first place, he is supposed to know pretty well the error of refraction that will likely be found, regardless of the patient's statements, and if he can approximate the true error, the patient is benefited.

So far as the question of the general physician's using mydriatics is concerned, I think that this is not practicable. In the first place, I do not believe that there is one general physician in twenty who knows what astigmatism is. That is a simple thing; but I speak of it to show that the general physician does not try, nor expect to keep in line with special work in this direction. Only those specially trained should do this.

DR. EMERSON, closing the discussion: Dr. Sutphen and I have discussed this question before, and we disagree a little about drops. I can only say that he is in the minority on this question. The number of the oculists in the country who believe in drops is growing. Many more use them to-day than do not use them; and many more use them now than did ten years ago. Their use is of particular advantage to the novice in the beginning of his career. The fitting of glasses cannot be learned by reading a book or in a short time. It must be learned with patients. The novice is at a loss, and every man who becomes a refractionist must go through a course of training in fitting glasses on the patient. I have associated with me now two men who are novices; and to see their attempts to do refraction on young individuals without drops is pathetic. Half the time, they do not get within forty rows of apple trees of the static refraction; but let them use homatropin, and they may have the patient three-quarters of an hour, but they finally get the error and can prescribe with intelligence. The novice cannot do good nor satisfactory work without the use of a cycloplegic. When a man gets to Dr. Sutphen's age and knows how to use the ophthalmoscope, he can do it in a large number of cases without the use of drops; but in a young man it is a mistake to teach that drops are not necessary. Medical colleges are doing our profession a great injustice, because they are teaching the green ones that they can do something without drops: that they cannot do, as my observation teaches me.

Post-Operative Ileus.

Dr. Luigi Vaccari, in Il Policlinico, expresses his belief that the cause of post-operative ileus is not the presence of the drainage tube, but the presence of a septic focus and circulatory disturbances; the drainage tube, the fragments of silk ligatures, and the immobility of the intestine are only contributing factors. This complication is the expression of infection only. The true factors in causation are sepsis, foreign bodies, and disorders of circulation and nutrition of the tissues. As to the desirability of drainage, whenever there is any cause for hesitation as to its necessity, one should use drainage. Hemostasis should be complete and the

bleeding vessels should be covered by peritoneum, and the duration of operation should be made as short as possible.

CYCLIC VOMITING IN CHILDHOOD*

By Frank R. Sandt, M. D.,
Paterson, N. J.

This disorder of childhood is one of the most distressing to parents and one of the most puzzling to alleviate that physicians have to deal with. The course of this condition can be briefly described as follows:

A child in apparent health is suddenly attacked with vomiting that is practically uncontrollable. There may be certain prodromal symptoms that, in the first few attacks, are so slight as to pass unnoticed by parents or nurse: slight languor, irritability, disturbed sleep, uncertain appetite and mild temperature of 100 to 101 which usually falls to about normal when the vomiting is established. In older children the onset may be preceded by pallor for a day or two, dark circles under the eyes, or slight headache. At first the vomiting is similar to that found in acute gastric disturbances, preceded by nausea and without much straining the stomach contents are ejected. Emptying of the stomach, however, does not bring relief, for the nausea becomes more severe and more frequent, the straining more violent and the material rejected becomes watery in character, then mucoid, then bile or blood-stained mucus, and in the severe cases I have seen vomiting of small quantities of almost clear blood. The vomiting occurs as frequently as every ten or fifteen minutes and lasts for several hours in the mild cases, to three, five or seven days in the severe ones. The slightest exertion on the part of the child or any excitement, as an examination on the part of the physician, will precipitate a paroxysm. The child who was apparently in a strong physical condition at the onset rapidly passes into a state of extreme prostration, the skin becomes cold and beaded with perspiration, the respirations shallow and increased in frequency, the pulse small, feeble and from 120 to 160 in rate, the expression is anxious, the eyes become sunken, the face pinched, a strong sweetish odor of acetone appears on the breath, the lips and tongue are dry from the loss of fluid, a stupor develops and the child sinks into a deep unnatural sleep, resting with half-closed eyes and only rousing to beg for water or go through another paroxysm of vomiting. Everything given by the mouth, in the nature of the simplest liquid nourishment, water or medication is rejected. The urine becomes scanty and infrequently passed. The bowels are inactive and apparently in a state of peristaltic paralysis. Using a stethoscope over the somewhat retracted abdomen, no peristaltic click can be heard except in the upper right quadrant, when an occasional rumbling is followed by emesis of bile or bile-stained mucus, evidence of a reversed peristalsis. In older children pressure over the abdomen elicits tenderness or even pain. If the examination is confined to the right iliac fossa the tenderness, with the other symptoms, may lead to the presumption of appendicular trouble. After persisting for an indefinite period the attack subsides, usually after a deep and more natural sleep than that mentioned above, the child awakens in a weakened but otherwise normal condition. The stomach is now retentive and nourishment can be judiciously administered, the pulse rate is below 100, the urine becomes more abundant, the bowels move naturally and convalescense is rapid so that at the end of a few days no evidence of the attack remains. The interval that elapses between attacks varies. I have seen them occur monthly in some cases and then again a period of from six to nine months has passed without any return. The interesting feature of this disorder is the cause that produces it. By many it is regarded as one of intestinal intoxication and the symptoms enumerated are said by them to be due to the absorption of toxic products. This explanation does not go far enough, for it seems as if other influences are at work preceding the changes that allow the intestinal contents to become toxic to the organism. Others have described the condition as one of gastric neurosis. In a sense this is probably the correct opinion but the term gastric should not be interpreted as referring to the stomach alone for undoubtedly other viscera besides the stomach participate in the functional disturbance.

The influence of certain nervous phenomena, as shock, fright, deep emotion, or mental or physical fatigue, is, I think, evident to all who have had experience with the condition. One of the most severe attacks that I have witnessed was precipitated by the terrifying influence of a severe electrical storm. In this particular case the child had been closely watched and carefully nourished for a long period preceding the attack. Only a selected diet of the simplest food elements was allowed, and close atten-

tion was paid to the condition of the intestinal canal. Within four hours after the storm, the child awoke from a restless sleep and complained of nausea, the pulse was then above 120 and within another hour vomiting began that continued over a period of four days and which was frequently associated with rather large quantities of blood-stained mucus. At no time during this attack was there any undigested food thrown off from the stomach nor was there any evidence obtained from the return of the intestinal irrigations that would suggest a primary intestinal toxæmia as the cause. Likewise I have seen attacks precipitated by nervous strain and fatigue incident upon the school life of these children, and the frequency with which the condition follows nervous influences of this type leads me to believe that they play a greater part in the production of the disorder than do indiscretions in diet. Partaking of large quantities of food or unsuitable food may and often does excite vomiting attacks in these children, but the attacks so caused differ somewhat from the class of cases described. I have found higher and more persistent temperature when such a cause was operative and the vomiting was not as frequent or protracted and yielded more readily to treatment. Another argument in favor of the nervous system being the cause of these attacks is that the children afflicted with this disorder seem to do better when allowed a liberal and substantial diet, but protected from the enervating influences of modern child life, than they do when the prophylactic measures are entirely directed toward the condition of the alimentary canal.

Children who suffer from this disorder seem particularly susceptible when stricken with any of the infectious diseases of childhood. I have observed the condition to occur with parotiditis, tonsilitis, otitis media and measles. The vomiting in these associated conditions usually begins wth the first febrile disturbances and continues until the temperature becomes normal. This appears to be additional evidence of a nervous rather than a primary intestinal origin of the disorder. When occurring coincidently with any of the acute infections it is a serious complication, for it renders the diagnosis uncertain and prolongs the course and convalescence by the interference with nutrition that results. In a case studied and reported by Holt and Herter the relation between cyclic vomiting and migraine was pointed out. They found by a series of urinalyses that there was a change in the ratio of urea to uric acid excreted. Preceding the attack the ratio was normal, approximately 1 to 50; the ratio then increased until there was but one part of uric acid to 150 parts of urea, the ratio returning to normal with the disappearance of symptoms. Analyses in my own cases gave practically the same results. I have not found the ratio as markedly disturbed on the first day as it was on the second or even third days of the attack. Similar findings are common in migraine and in addition to this point of similarity I have obtained a history that one of the parents was subject to migraine in four of the six cases that I have observed. Furthermore, in one of the older children the disorder is now assuming a character similar to the typical migraine of the adult. In this case the vomiting is not as protracted, the prostration is not as severe, and in addition there is a unilateral headache that is suggestive of the severe hemicrania that accompanies migraine.

These few incomplete observations lead me to believe that the two conditions are closely related, probably identical, only modified in their manifestations by the period of life in which they occur. The results of the laboratory findings in the series of cases observed by me can be briefly summarized as follows:

The urine during the interval has been normal in all of the cases. No changes have been found even a few days before the onset of symptoms. With the condition in full development the urine is diminished in quantity, only two voidences of less than two ounces each in twenty-four hours was noted in one case. The color is very pale, transparency, clear reaction in the untreated cases acid, but acidity not increased. Specific gravity from 1004 to 1008. Urea from 0.5 per cent. to 1.0 per cent. Albumin at times, a delicate trace. Sugar was never found. Indoxyl was not constant, at times present, at other times absent, acetone a distinct reaction after the attack is established and usually continues present until after the stomach is again retentive. Bile not found. sediment, slight in amount. Microscopically at times a few narrow hyaline casts, a few leucocytes and a small quantity of round and squamous epithelial cells, crystals not found during the attack. As the symptoms subside, and not before, changes in the urine are noted. The urine becomes more abundant, dark in color and opaque, the specific gravity increases to 1026 to 1036, the percentage of

urea to from 2 per cent. to 3.5 per cent., and the sediment shows a heavy deposit of amorphous urate and usually uric acid crystals. The low nitrogenous output during the attack seems to indicate that the liver is seriously at fault and that there is an almost complete inhibition of hepatic function. It is possible that this inactivity is primarily induced by the nervous influences previously mentioned and that as a result of it various toxic substances normal present in the intestinal canal, but which are usually destroyed in their passage through the liver, are allowed to pass unchanged and that the profound prostration and other symptoms are thus produced. The kidneys and intestines being in a condition of subnormal eliminative activity, the stomach assumes its power for the time being and the vomiting is an endeavor on the part of the organism to rid itself of the abnormal substances present. With this thought in mind, certain studies on the toxicity of the materials thrown off from the stomach are indicated, but not sufficient progress has been made to warrant a report at this time. The presence of acetone upon the breath and the finding of this substance in the urine has led some to believe that the condition is due to an acidosis and the term acetonemia is used by some of the foreign writers to describe it. Bicarbonate of soda in solution as a high rectal irrigation has been suggested as a remedy to combat this increased or abnormal acidity. Its use has been followed by good results in some cases. To us it seems more reasonable to assume that the acetone is to be looked upon as an effect rather than a causative agent and that its appearance in this condition is due to the enforced withdrawal of food, especially the carbo-hydrate elements, and its presence is analogous to the finding of this substance in the urine and blood of those undergoing starvation. The blood examinations in these cases have given practically no result, both the red cells and the leucocytes are increased in number, probably from the loss of fluid, the ratio remaining normal. The different varieties of leucocytes are present in normal percentages. The material vomited has in my experience given no constant results. An increased total acidity has been found at times, but usually there is a diminished acidity and absence of free hydrochloric acid. But all of these observations have been made after the free use of sodium bicarbonate so the findings are open to criticism.

The treatment of these cases is principally prophylactic. Placing the child in such environment that he is relieved of all unnecessary mental and nervous excitement. A life in the open air is desirable. Limiting the school period to one session a day or removal from the school room entirely. Application of appropriate treatment to any source of reflex irritation as removal of redundant tissue from the nose or throat, correction of refractive errors or circumcision. A liberal diet of light but nutritious food, correction of constipation if present. Designing the diet to build up and strengthen the child so that he is in better physical condition to withstand the attack is to be desired, rather than so restricting, in the hope that attacks can be prevented. Salicylate of soda and benzoate of soda have been used during the intervals, but no permanent results have followed their administration. After the attack is established treatment is unsatisfactory. Morphine in minute doses hypodermatically has been advised and in some cases has done good. Cocaine in the dose of 1/100 of a grain by the mouth will frequently stop the vomiting, but it seems as if children so treated do not recover their normal state as promptly and are more apt to have a recurrence at an early date than those in whom the cycle has run its full course.

Pilocarpine is also given by some, but I have had no experience with it. High irrigations with bicarbonate of soda in solution should be used in all cases. If no other good is accomplished, it offers us a method of supplying fluid to the organism, the thirst is not as distressing, and the renal function is stimulated in the cases so treated.

In conclusion we believe that cyclic vomiting is a disorder that is found only in children of the so-called nervous temperament, or in those who have inherited a neurotic tendency from their parents. That cyclic vomiting is primarily due to the influence of certain exhausting or depressing influences on the nervous mechanism of digestion and that the intestinal toxæmia is secondary and only possible through the subsequent perverted function of digestive organs, especially the liver, and that the best results follow when attention is directed to the general physical well-being of the patient rather than directing all attention to the alimentary tract.

DISCUSSION.

Dr. Charles W. Harreys, Ridgewood: Cyclic, periodic, fitful and recurrent vomiting, the headings under which this disease is usually

described, are, I think, unfortunately chosen; since these are an expression of one symptom only, and therefore misleading. The "acetonemia" of foreign writers, I consider to express this condition better. Howlands and Richards published an article in which they gave elaborate laboratory data, and report the analysis of secretions from many cases. They believe that indican and some other toxic substance, as yet undetermined, are absorbed from the intestines, and exert a poisonous influence upon the blood and upon an improperly organized nervous system. They conclude with the following suggestive paragraph: "It appears to us, in the light of our present knowledge, that a shock, excitement, fright or something of the kind is exerted upon an unstable nervous system, unstable by inheritance, by development, and by age; for we cannot doubt that similar shocks are felt at a later time, but that in the course of growth the brain and nervous system acquire a more stable equilibrium. As the result of this, in some way or other unknown to us, a diminished power of oxidation results, and the organism loses power to detoxify substances absorbed from the intestine, which have been present there in excess. These circulate in the blood, exerting there a poisonous action, and cannot be excreted by the kidneys, because they are not brought to them in proper form. It seems probable that they are excreted and reabsorbed by the stomach and intestines, in the light of which vomiting would apparently be an eliminative, and thus a protective, mechonism. Finally, the power to oxidize and detoxify these substances returns, and they are rapidly eliminated and quick improvement results."

While this is not specific in its reference to the exact substance or substances causing the condition, it is suggestive of the method by which they operate, and I think it is along these lines that the true nature of the etiology lies.

One who has seen a case of cyclic vomiting and oserved it over a period of some months is struck with the fact that it is a well-defined process and sharply separated from other intestinal toxæmias of childhood. One should bear in mind that this is a chronic disease and not acute; that it covers a period of life from two to twelve years of age, and that most cases recover eventually. These children are usually delicate, however, and are unusually susceptible to infectious diseases.

While an acetone breath undoubtedly develops from starvation, I have detected the odor in two-thirds of thirty cases which I have seen before the onset of the vomiting and before the patient had been without food. The question of the failure on the part of the organism to elaborate some protective blood constituent should be borne in mind and the recent work in the use of normal sera and blood transfusion in the toxæmias of pregnancy and uremia suggests a line of thought well worthy of consideration.

The treatment at the present time is protection of the child during the course of the disease, protection from injurious diet, excessive fatigue and nervous excitement. While the beneficial effect of bicarbonate of soda is still doubted by some observers, a more or less intimate acquaintance with this disease has convinced me that it is the most useful drug at our disposal for the control of the acute symptoms.

It is worth remembering that chloroform anæsthesia in these cases is dangerous, bringing on an attack which is many times uncontrollable and ends in death.

Southerland, of London, mentions a number of fatal cases following chloroform anæsthesia.

DR. ALEXANDER MARCY, JR., Riverton: Cyclic vomiting is a subject of great interest to me. A number of years ago, I presented a paper before this society on the subject, in which I detailed a number of cases that I had observed, two of which had proved fatal. I think that cyclic vomiting is a distinct, typical form of disease. t is very often confused or confounded with attacks of vomiting, due to gastrointestinal toxemia, to acute gastritis, or to the beginning of the exanthemata or other acute diseases. The etiology of cyclic vomiting is just as little understood now as when I presented my paper. Practically we have learned nothing about it. In one of the fatal cases that I observed, there was a very careful post-mortem examination made of the organs. There was found an acute inflammatory condition of the mucosa of the stomach, which extended to the duodenum and the small intestine. The liver showed acute fattay degeneration; and the kidneys, acute congestion and hemorrhagic infarction.

The question as to whether cyclic vomiting is due to an auto-intoxication, is a neurosis, or is the result of some specific organism, has not been settled, as yet. There is always acetone in the breath and in the urine. There is always a preceding indicanuria. The symptoms of the disease, which Dr. Sandt has so well portrayed in his paper, are so characteristic that, having once observed a true case, one never can mistake it for anything else; YET TWO-THIRDS or perhaps THREE-QUARTERS of the CASES CONSIDERED cyclic vomiting are not such at all.

DR. PHILIP MARVEL, Atlantic City: I also am particularly interested in this disease, and have recently had a very interesting case, in which the symptoms were very pronounced. Fortunately for me, from the standpoint of studying the case, the patient remained under my charge until he had had two attacks, which is rather uncommon in a transitory practice. This patient was observed closely through the first attack, throughout which there were varying quantities of indican and diacetic acid in the urine. Acetonuria was also present. This led me to believe that if we could study this case carefully over a considerable period of time, we might learn something that was peculiar, at least in this particular case, bearing on a causative factor of the disease. After nine weeks succeeding the first attack we noticed the urine began to change; diacetic acid and indican began to increase. Also the odor of acetone was on the child's breath. Immediately we began the administration of a double normal saline solution (ʒii to the oj), and observed the patient over a period of four days following, during which there was very little change. We then substituted a solution of bicarbonate of soda ʒii to the pint and very shortly found that the odor of acetone had left the breath. The diacetic acid reaction remained in the urine only a couple of days, and the indican rapidly lessened. We watched the child for ten days, during which time there was no vomiting, but considerable prostration; after which the patient grew better. Within about ten days to two

weeks following, a similar condition returned, and this time we remarked the very similar symptoms as in the preceding attack, except that persistent vomiting and greater prostration were present. The former persisted for two or three days, after which it ceased. Meanwhile we persisted in our bicarbonate of soda treatment, and the attack was much shorter than the first one observed, though alkalies were persistently administered at that time, in less dosage. This led to the inference that had we not observed the condition of the urine, etc., beforehand, and persistently pushed the saline and soda treatment we would have had the second attack prior to the time that we did, and no doubt the attack which subsequently did occur, would have been much harder to control.

I have no doubt, as Dr. Marcy states, "we are at a loss to know the distinct entity of this disease." That there are both metabolistic disturbances and neurotic manifestations in these cases will be apparent to any one who has the opportunity to observe them; but which is primarily at fault, our knowledge does not at the present time enable us to state. That we shall find out some day that there are direct chemical disturbances in this disease, as there are in the class of cases to which Dr. Harvey has referred, viz.: "persistent pernicious vomiting in pregnancy," wherein the cause is traceable to a chemical auto-toxine, I have little doubt. There is certainly a toxic state, the nature and influence of which we are as yet grossly ignorant. It may be possible (and I am frank to say that in this statement I have only a mere inference on which to make the statement) that we shall find in some of these cases a specific history, in either the mother or father, or both, and that specific treatment will accomplish something, as it apparently has recently, in a few cases of pernicious anæmia. On the basis of this inference, I know of a few patients, with supposed pernicious anæmia, that have been treated with "salvarsan," with remarkable improvement.

Further time, and a more comprehensive study of the cases, are necessary, before pronouncing final judgment on them. To summarize, two points should be kept before us—alkalize the patient's secretions with soda bicarbonate; this is at present our most rational therapeutics. Second, in every case meet the symptomatic disturbances peculiar to the case and environment; administer to the patient's comfort and support, ever keeping in mind the possibility of a chemical auto-toxæmia.

Dr. Henry Chavanne, Salem: At my second visit to the Medical Society of New Jersey, a paper of this character was read; and, as I had had several successful cases in three weeks, it interested me. I made a statement of my success in the treatment of these cases. I used a tablet of codeine in a specific quantity of water, and gave a teaspoonful every hour until the effect of the codeine was evident and the child rested. This treatment gave a good result in each case. The next day, in the dining-room of the hotel, I overheard one doctor say to another, "Did you hear that doctor talking of cyclic vomiting and saying that he had used morphia in the case of a child three weeks old?" Now, gentlemen, when a physician is not able to differentiate between codeia and morphia, the sooner he gets a book on therapeutics and learns it, the safer it will be for the patients under his treatment.

Dr. Sandt, closing the discussion: In regard to Dr. Marvel's remarks concerning codium bicarbonate, I wish to say that that is the general result obtained from its use during the first few attacks; but that the child becomes accustomed to it after this, so that it loses its effect and, except as a stimulant, has not much value. So far as the specific history goes, that thought had not occurred to me; but it would seem as if that might be true. In the first place, if this were not so, it would be more common, and not so rare a condition as it is. It would also be scattered a little more in the different planes of life. The cases that I have seen were among the more highly educated people, in whom there had been a severe nervous strain at some time. Secondly, if it were specific in its origin, these cases would probably go on and vomit; but the cases seem to be limited to the age before puberty, after which I have not seen any typical vomiting of the cyclic type. Only one case out of the six that I have reported showed any manifestations after the age of puberty.

OPPORTUNITIES.*

By William A. Wescott, M. D.,
Berlin, N. J.

The medical profession differs from all others in the two following respects: First, that there is no such thing as co-operation; second, that the medical man's task is always serious, often trrible. What the physician does, for the most part, he does unaided and alone. Not only is the individual's health dependent upon the work of the doctor, but that of the community and nation also; nor is there any professional man whose greatness is so little known, whose achievements are so little understood and appreciated as those of the doctor.

No work in life, no vocation. no profession, speaks so little for itself as the medical. Full well the doctor knows that to have a thing well done, he must do it himself, but the very nature of his calling makes his own interests so secondary to the needs of others, that even his own kin are neglected. The state binds him with iron laws to maintain her rules for sanitation, but permits, through special privileges, a competition greater than is endured by any other class of men. Whether it is his life of self-forgetfulness and sacrifice, or that the State obtains so much from him without price, or that the great public is more interested in a cat fight on the corner than it is in the work of the greatest scientist that ever lived, that makes the world value the physician so little, I don't know. But true it is that if you spoke to the average layman of Harvey

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and his discovery, he would express only astonishment and ignorance. The work of Rene Descartes would only puzzle him and appear of no consequence. The name of Thomas Sydenham would mean no more to him than John Smith, around the corner. Anthony Van Leeuwenhock and his first microscope would cut a small figure in his estimation. John Hunter might cause him to pause for a moment. As for Dr. Jenner, I am not sure that he would not take sides against him. If he lose a tooth without agony at the pulling, Sir Humphrey Davy, and Drs. Morton and Warren would get no credit from him that the job was painless.

How many Frenchmen appreciate what Caguiard De La Tour, Schwan and Pasteur did for their people and their treasury? One-seventh of the deaths of the human race are due to tuberculosis! Almost none of these people, sick or well, care or know of Koch's relationship with this awful malady. The masses of England have no more knowledge of what they owe Dr. Snow and Edwin Chadwick than they know who lives in southernmost Texas. Yet this group of men have done more for humanity than any other body on earth. Still there is another class of doctors who have done more than the great of the profession: they gave their spirits out, trusting their cause to God.

Dr. Joseph Wesley McCollough died of typhus fever at Blackwood Almshouse trying to save the lives of those miserable inmates. Visitors to that institution pass unnoticed the modest brass plate that tells of McCollough and hurry on to view the lunatics.

Young Bramer tottered through the streets of Camden, acutely poisoned. Finally, raving and helpless, he literally died in his tracks. He got his death from a patient, whom, no doubt, he saved. Camden has forgotten Bramer.

Joseph Price was great, he was generous, he was lion-hearted. His influence for good extended as wide as America. His name should be graven on the columns of the Temple of Fame at Arlington. Philadelphia is already failing to remember that, but a few months ago, this greatest surgeon of modern times lived and labored there. His death came quick and terrible from an infection acquired in his work. He perished a martyr to his calling. And so I might go on until I wearied you.

If you will permit me for a moment, I wish to call your attention to another class of facts that show how utterly the State fails in her efforts to elevate medicine and the profession and to co-operate in the great work of the doctor.

The Bureau of Census at Washington issued the following, December 30, 1911, relative to patent medicines and compounds and druggists' preparations, *i. e.*, number of establishments manufacturing the same in 1904 to 1909 in the United States:

	1904.	1909.	Increase
No. of establishments	2,777	3,642	31%
Capital	$75,607,000	$99,942,000	32%
Cost of materials used	$39,494,000	$50,376,000	28%
Salaries & wages.	$17,888,000	$26,904,000	50%
Salaries	$9,975,000	$17,007,000	70%
Wages	$7,913,000	$9,897,000	25%
Misc. expenses...	$33,567,000	$37,027,000	10%
Value of products	$117,436,000	$141,942,000	21%
Value of manufactured products, less the cost of material	$77,942,000	$91,566,000	17%
	Employees.		
No. of salaried officials and clerks	9,483	15,494	62%
Average No. of wage earners employed during the year	20,472	22,895	12%
Primary horse-power	17,008	25,659	51%

Let me narrow the subject to our own little State. In 1909 there were 111 of these establishments doing business in New Jersey. They employed 1,005 wage-earners. The total amount of their products was $5,410,000—quite a tidy sum.

There are something like 1,100 drug stores and other medicine shops doing business in New Jersey. Let us inquire what their shelves contain. There is a book published in this country called the Druggists' Circular. It is 9x12 inches in size. You will find 95 pages of this book devoted to proprietary preparations. A little figuring will show that this catalogue contains 28,500 prescriptions; that, under the head of cures alone, there are 1,445 formulæ.

It certainly looks as if the State was not very particular who practised medicine within her borders. And that there is something else to worry about other than an osteopath or two.

Now let us ascertain what these 1,100 drug stores are doing: Without bothering you with details, I will state that these shops are doing a daily regular business of about $6,700.52 per day, and an irregular, or proprietary business of $13,423.05 a day. You may add to this $5,367.50 per day, done by stores and shops which sell only patent medicines. The sum of these figures is $18,-

790.50 of irregular business per day. In a year, this sum changes to something like $6,858,550.75.

Back of that mighty sum of money, sharp business wit is exercising every atom of its power to influence and control our two legislative bodies! Is it any wonder that Halsey spent a lifetime struggling with this situation and accomplished so little?

In all this great business, the State asks only one man to qualify, viz., the apothecary. The State does not appreciate the significance of this fact. And she will not understand until we put our own people where they can teach her! We must speak for ourselves.

These amazing facts and figures have a tremendous import. Generally speaking, it will be admitted that the results of these unharnessed forces are unqualified, deleterious and destructive of the individual and general health. They magnify and intensify the task of the medical profession. It is the purely commercial possibilities of drugs. It means that the uneducated and unpractised man may turn the weapons of the medical man against himself and the community. It means that, under the authority of a formula, the untutored and unscrupulous man of business may undermine the legitimate work of the medical profession for the sole purpose of extracting money from the unwary and ignorant. It means that the State itself has removed in the community the very flood-gate of danger and permitted the charlatan to coin millions out of that danger. In other words, while the State is holding the medical practitioner to the very highest measure of responsibility, it affords, without restraint, the business man an opportunity to deal in formulæ, without any responsibility whatever. The problem is appalling! While the medical man is endeavoring to the uttermost to save and build up, the State, by such means, is destroying and pulling down.

The citizens of New Jersey do not know that three or four thousand of her best men never sleep without the uneasy consciousness that, before the next sun, they may be called upon to check a budding epidemic. They do not appreciate that their danger from contaminated water, diseased food and pestilence is proportionate to the intelligence of her physicians. Nor do they appreciate the tremendous significance of the facts which I have just stated. The question is, what is the remedy? What can be done to check this great danger, the assault upon the work of the physician, on the one hand, and upon the general health of the State, upon the other? My notion is that the remedy lies in better organization.

Every physician in the State should be prevailed upon to join a component society, thereby fostering the plan of uprooting cults and pathies and preparing the medical mind to understand the advantage of having but one examining board. I believe it would be well to appoint a central committee of three, with salaries sufficient to enable them to afford to work. The function of the committee will be to have knowledge of, and censor, everything that may have a relationship to the welfare of the doctors of the State. They should perfect a system of quick communication with all physicians, so that questions relating to them, social, civic, economic and political, could be put into their possession in twenty-four hours.

Nothing will mould medical legislation in the right direction so quickly as the educational effect of having two or three doctors in both houses. Therefore, party lines should be swept aside to the extent that, when a good man is nominated to Senate or Assembly, a well-organized body of men can go to work. State, organ, central committee, component society, and individual, moving intelligently to one end.

By such means, ultimately, no medicine will be permitted to be practised by any other than a well-trained and competent man. The sale of proprietary medicines is the practice of medicine. As already shown, it is both unregulated and deleterious. It must be controlled by adequate legislation, so that no man, be he druggist or the clerk of a druggist, can indirectly practice medicine without adequate personal warrant and skill. Legislation should go still further and require the maker of proprietary compounds to conform to the same high standard as is now required of the regular physician.

Possibly I have delineated a big job. However, where there is a will there is a way! Nothing is impossible for him who really tries. Rome was not built in a day, a week or a month. Her wonders were only perfected after centuries of patient labor. They remain as enduring as the rocks of her hills.

Again, echoing down through the history of our great land, I hear those grave, homely words of the poet, "If you would have a thing well done you must do it yourself."

DISCUSSION.

Dr. Howard F. Palm, Camden, said: I am reminded of a recent definition of true friends,

viz: "True friends are those whom we know all about, yet love them all the same." I am inclined to become somewhat skeptical of the sincerity of the alleged friendship of my colleague, Dr. Westcott, who knows all about my erratic tendencies when applied to literary efforts, and yet has taken this opportunity to get me into trouble. Owing to my failing memory, I have been granted a dispensation (from Providence or otherwise) to present this apology and name it a discussion.

Custom makes it usually obligatory to criticise or condemn what the other fellow says; however, I happen to know that Dr. Westcott has prepared his most excellent paper at the expense of considerable nervous energy, coupled with the wear and tear of his amiability and also of his religious proclivities; therefore, I can but offer my little mite in echoing my hearty approval of the conditions which he has so tersely depicted, and emphasize some of them. The doctor has evidently been schooling under the tutorship of the irrepressible Teddy, and he has taken this opportunity of attacking the Gigantic Octopus, viz: the Medicine Trust, while he simply ignores the lesser irritating factors to the medical profession, viz: Osteopaths, Chiropractics, Christian Scientists, etc., etc. I for one certainly glory in his spunk, and congratulate him for his unique digression from the usual routine of subjects brought to the attention of this honored body.

Those of our members who were privileged to attend the session of the American Medical Association at Atlantic City last week learned of the great warfare which is being directed against this nostrum evil by the association; but I wish to impress upon my hearers the fact that the paper just read by Dr. Westcott had been placed in my hands several weeks ago, which certainly entitles him to the credit of originality in his presentation of this unique subject.

The first salient point, viz: No class of men is so self-sacrificing as physicians. The high plane of professional altruism is ever evident to the casual observer, in the conservation of the health and happiness of the public; especially so in preventive medicine, which is a direct blow at the legitimate income of the physician. A very large proportion of medical graduates have taken places involving great self-sacrifice. Some have gone abroad in the missionary field; many work in institutions without compensation, and great in the percentage of physicians who have labored for the many rather than for the few.

The physician who is not garbed with an armor of self-sacrifice or unselfishness has certainly gotten into the wrong pew, while he is constantly confronted by the characteristic curse of the Medical profession, viz: The poverty of microscopic incomes. Possibly this cloud, which ever overshadows us, may, too, "have its silver lining" to further stimulate us in our altruistic efforts in the conscientious discharge of our professional duties.

Time prohibits any attempt to discuss the various points of the paper in detail; therefore, I shall briefly refer to some facts which Dr. Westcott omitted relative to the irregular practice with which physicians are obliged to compete.

One of the chief deleterious factors is the enormous traffic of free prescribing through the United States mail, which should receive the serious attention of the medical profession. It is a serious proposition and it is also questionable whether very many of the fake companies conducting said traffic could not be "duly pinched" for using the United States mail for illegal purposes in the misrepresentation of their fake products.

In a recent editorial I was amazed to learn that the chief stumbling-block in the way of establishing a National Bureau of Health was the claim of 17,000,000 inhabitants of the United States catalogued as Christian Scientists and allied specimens of rank foolishness, who are clamoring for freedom from the medical profession. Surely here is another golden opportunity to start a professional missionary crusade for the avowed purpose of converting these poor, deluded fanatics.

The only means of lessening unjust competition consists in protective legislation, with due consideration for legitimate commerce. We all hope for the final establishment of a National Bureau of Health, but there ever remains the lamentable admission that "Medical men usually make very bum politicians," which fact possibly accounts for our lack of proper representation in our legislative halls. It has been said that New Jersey to-day is the banner State of America in politics and reform. Why should she not be foremost in medical reform? The members of this society are well aware of the efforts and labors of the Legislative Committee and should know whether the time and money expended in that direction has been a good investment. In my opinion the fight waged against osteopathy dwindles into the pale of insignificance when compared with the gigantic task of combating this drug evil.

Regarding Dr. Westcott's optimistic views concerning the vital question at issue, I am reminded of the following incident in the life of our lamented member, Dr. Ridge, whom many may recall. A very inquisitive woman one day questioned the doctor as to his prescribing for a patient, when the doctor hastily replied: "My dear woman, life is entirely too short for me to attempt to teach you the practice of medicine."

In conclusion, I might add that life is too short, I fear, for the present generation to hope to make any impress upon the stamping out of this colossal evil; however, the suggestions advanced by the doctor in his most excellent paper should cause each one of us to "sit up and take notice."

DR. LOUIS F. BISHOP, New York City: I cannot refrain from speaking on this subject, because I have been so tremendously interested in it lately, on account of a movement that has been started in New York State. Dr. T. E. Harris, who for many years represented the New York State Society in the Legislature, on the committee of Medical Legislation, and who has devoted a good deal of his life to the study of medical economics and the political relation of doctors to the State and to the economic interests of doctors, had reached certain conclusions, which he decided to put into active form. He was invited to attend a meeting of the New York Athletic Club, where representatives of the homeopaths and eclectics (the leading men in these two schools) met with some of the leading men in the regular profession, to discuss this topic. Their decision was that there

was no question about the evils. They had been discussed again and again and we knew about them. But it was decided that the only remedy was to establish in New York State a society, including every licensed practitioner; and to cut loose from every other society that had to do with the scientific and professional work of medicine, and have a society to attend only to the economic interests of doctors, including all licensed men in the State. These men at the meeting subscribed some money, and Dr. Harris has taken two Senatorial districts and made a canvass, to see whether each doctor would contribute five dollars a year to the organization of this society, so as to pay a man five thousand dollars salary to organize an effort to take care of the economic interests of physicians. I believe that the plan will succeed, and that in ten years we shall have every licensed doctor in New York State contributing to support a separate society to take charge of the economic interests of doctors. A large number of physicians of that State are not getting a decent living from their practice, on account of the competition and all those things that have been mentioned in the paper. It is interesting to know that a man who has devoted his life to the study of these things has formed a definite plan to meet the situation in New York State.

Dr. Linn Emerson, Orange: In view of what has just been said relative to the need of having some one to look after this matter, I want to recite an instance to show that although we have laws, it is difficult to get them enforced. There is a postal law prohibiting the use of the mails for a fraud; yet there is in the Orange Chronicle an advertisement by a Dr. Mandeville, who guarantees to cure all chronic diseases of all sorts. About two years ago, in two separate instances, I complained to the Orange postmaster, and saw him personally, to ask for a fraud order against the Chronicle, if the advertisement was continued. He agreed with me, and said that my report had been forwarded to Washington. Nothing was heard from it; and I inquired of my father, who was formerly United States postmaster, to whom I should write. I have written three separate times to the person at Washington to whom my father referred me about the matter; yet I have never received a reply from the Postoffice Department. I have talked to Dr. Hunt, the secretary of our county society; and he said that he did not think that the county society could do anything about it. With all the effort I have expended, I have been able to accomplish nothing. Neither the postmaster nor the fourth-assistant postmaster has replied.

Dr. C. A. Rosenwasser, Newark: With reference to what Dr. Emerson has said, I would call attention to the fact that what is everybody's business is nobody's business. It is against the law of this State to advertise to cure incurable diseases; and if the doctors would proceed against Dr. Mandeville, his license could be revoked without the intervention of the postal authorities.

Dr. Thomas H. Mackenzie, Trenton: We forget one thing. We should legislate, not in the interests of the profession, but in those of the general public. The evils referred to are a great injury to the general public, to have seven millions spent every year for medicine that is going to do them more than fifteen million dollars' worth of harm every year is a public calamity. Should we not try to prevent all the evil coming from this direction? I emphasize the statement that we should not act in the selfish interests of the profession, but in the interests of the general public, whom it is our duty to safeguard. From that point of view, the members of our profession should do all that they can to carry out Dr. Westcott's ideas.

Dr. John S. Yates, Paterson: I should just like to say that in my opinion the paper of Dr. Westcott this morning equals in importance to physicians any paper that we have heard at this meeting. I think that the economic interests of the physician at the present time are the one subject which every doctor has need to take heed to. If physicians are able to do such grand work for the people and the communities in which they live under present conditions, how much better work could they do, if they were paid in commensuration with the work that they do? We cannot fight, unless we have ammunition. It is a well-known fact that the financial position of a good many earnest workers to-day is pathetic. There is no doubt of the feeling in the mind of every physician that something ought to be done on this subject. We are contending with gigantic evils; the evils that have been outlined by Dr. Westcott in his paper are simply appalling. When we have to fight interests that are conspiring all the time to interfere with the legitimate interests of physicians, as well as interests that are exploiting the public for their own good, it is a very gigantic proposition that we have to deal with. If there is any way at all in which sentiment could be crystallized on this subject, it ought to be done.

I was much interested to hear what Dr. Emerson said about his efforts in that particular case. I think that what he said should be published largely in the State Journal, and that the Journal should certainly be forwarded to some one in Washington whose business it is to see that the Fourth Assistant Postmaster does his duty. The suggestion that Dr. Westcott made about the committee of three to look after the economic interests of the society appealed to me as being practicable. Of course, these men could not work without remuneration; and if the society could pay men to look after the economic welfare of its members, some one who would be willing to give his time and had the ability and courage to do it, I think that we would be benefited.

Dr. Alexander Marcy, Jr., Riverton: The keynote of the situation is co-operation. The medical profession has always been famous for its lack of co-operation. We never think alike on any subject. This economic subject is one that might unite the entire profession of the State, as they are trying to do in New York. We must get every man who has a right to practice, to work along these lines with us, if we are to accomplish anything. The keynote, I repeat and emphasize, is co-operation.

Dr. R. C. Newton, Montclair: I should like to know how many gentlemen here would prescribe patent medicines. How many are helping along this enormous fraud? The first thing is to clean our own skirts. I have pre-

scribed patent medicine, and have been taken to task for it. I am guilty. Every man probably is; it is so easy. Our druggist does not put up salves and ointments that are nearly so pleasant and smooth as the patent medicines are. It is always easy to fall down, and hard to get up. We are, therefore, to blame.

I had the pleasure of writing a letter to the editor of one of the most important papers in the State, after he had written me a nice letter. I said: "Why does your paper publish those filthy lies, those commercial advertisements? I know of only one paper in the State that does not do so." He did not answer me; and I suppose that if I should meet him, he would not speak to me. We have got to have better education. It is our business to educate the public—not to protect ourselves against fraud, but to teach the public to protect themselves against it. Until we do, the fight is in vain. Nothing else will solve the problem. We can pass resolutions from now until doomsday, or do anything else we please; but until we have educated the common people, our time will be wasted.

DR. T. N. GRAY, East Orange: It is all very well to talk of educating the public, but the public does not want to be educated. The Essex County Medical Society, for two years, has had public lectures, and we have had an average of nine people in attendance at these lectures. They do not want to be educated. The physician must get out and hustle to take care of himself.

DR. HENRY CHAVANNE, Salem: Co-operation is the proper thing. It is utterly impossible to do anything regarding the education of the public, because they do not want it. In Camden County, a medical man of force and character was on the ticket for election, but failed to reach the goal that he desired. After the election was over, it was said in a little assemblage of medical men that he was not on the right side of the fence. This illustrates the point refererd to by Dr. Westcott regarding the physician in politics.

DR. D. C. ENGLISH, New Brunswick, said he wishes to endorse what Dr. Newton had said about the medical profession cleaning its own skirts. He had been in two drug stores within the past year, one in his own city and the other in another part of our State, and in each heard the proprietor say to a person that came in to be prescribed for by the druggist: "This is a preparation that Dr. So-and-So is using frequently," as he handed out an objectionable proprietary medicine. Physicians should be careful in the use of unobjectionable proprietary medicines. It has been his invariable habit, when occasionally using such medicines—when they met the indications of the case in hand—neither to dispense them himself in their original containers nor give a prescription for them without change of containers.

DR. EMMA M. RICHARDSON, Camden: I wish to speak on the subject of public lectures. We had in Camden County some of these lectures, and we did not have the unhappy results referred to. I have given two lectures, one at Haddonfield and the other at Bordentown, and they were both well attended. I think that the trouble is that the lectures are not well advertised, and that no money is provided for us to carry on the work. I have borne my own expenses. If there were a way to meet the expenses, there would be no trouble in getting the audiences. My lectures were given during housecleaning time and the commencement season, when people are unusually busy; yet I had no trouble. Now I must practice medicine; I cannot give my entire time to lecturing.

When the tuberculosis exposition that the Board of Health is giving was at Salem, we had seven thousand people present. Our lectures do not take, because we do not advertise. I was in Essex County, and I know that the matter was mismanaged there.

DR. F. D. GRAY, Jersey City: I think it unfortunate that the charge should be made that the profession is using patent medicines. I do not believe that the speaker meant patent medicines. Undoubtedly the profession does use proprietary medicines, on account of their excellent pharmaceutical preparation; but not patent medicines. We should not paint ourselves blacker than we are.

DR. FREDERICK W. FLAGGE, Rockaway: I have been listening to these discussions, and I think that you have all talked around the bush. The medical profession, if you will notice, is peculiar in that it works against itself. We are constantly striving to keep people well, which is not a good business proposition. You can plainly see that. The Chinese, I believe, pay the doctor when they are well. The people ought to do that here. They probably will not, but the thing that I think is coming, and that I wish you to get together about, is Socialism. I do not know that I am a Socialist, although I have listened to some of the Socialist lectures; but you will find that under Socialism the problem of the physician would be solved. Our work now is preventive medicine, practically altogether. Whom do we have as patients? The rich are falling away. We have educated them, so that they know better how to take care of themselves. Whom have we left? The poor. If it were not for the over-anxious mother, our old friend appendicitis, and enlarged tonsils, where would we be? Think of it seriously. All your remedies and talks will amount to very little. Dr. Coit yesterday said that the revenue of the physicians in his place was reduced twenty to twenty-five per cent. Why did so many men leave yesterday? Because they could not stay; they could not afford it. Lots of men would like to come to the meetings and cannot afford it. I am surprised to see you all so well dressed, and wonder where you got the money.

DR. YATES: I wish to make a motion that a vote of thanks be given to Dr. Westcott for his very excellent paper, and that the paper be published as early as possible.

The motion was seconded and carried.

Not infrequently subacute inflammations of the Fallopian tubes will be found to be of tuberculous origin.—Amer. Jour. Surg.

If skiagraphs show the shadow of a calculus at the neck of the bladder when the patient is exposed lying flat with the organ empty, and in the same position when the pelvis is elevated and the bladder full, the stone is in the prostate (or prostatic urethra) or in a diverticulum behind the prostate.—Amer. Jour. Surg.

THE SPHYGMOMANOMETER AS AN AID IN THE DIAGNOSIS, PROGNOSIS AND TREATMENT OF A FEW IMPORTANT DISEASES.*

By Jesse D. Lippincott, M. D.,
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The sphygmomanometer has now become one of the most useful instruments at our command, for our guide in the diagnosis, prognosis and treatment of diseases. As Cabot recently stated, there has been no instrument presented to the medical profession in the past twenty years of equal value to this one. He also stated that there are three things a physician should always do with every patient he is called upon to attend:

First—Examine patient thoroughly with stethoscope.

Second—Take blood pressure, and

Third—Make urinalysis.

The sphygmomanometer is of undoubted value to all physicians including specialists; its usefulness has been demonstrated as a help to all. A physician who does not avail himself of its use as a routine practice jeopardizes the interests of his patients in many forms of diseases. In no other method can we judge accurately the degree of arterial tension than by the use of this instrument. Frequently, I have been surprised by taking the blood pressure readings, to find it high, when I had thought the tension moderate by feeling the pulse. In my work, both hospital and private, I have found this instrument of so great importance, that I feel justified in presenting this subject to you for discussion.

The writer, being a general practitioner, will relate a few of his experiences with the instrument, where it has been of the utmost assistance in the treatment of the diseases taken up by this paper.

For the benefit of those who are not familiar with the use of this instrument, a little explanation may not be out of place.

It has been found that different positions of the body, the parts where the blood pressure readings are taken, the age and muscular development of the patient, will cause a variation in the millimeters of mercury and pulse rate. Papers by Stevens, of the Northwestern University Medical College, and Fisher, of the Northwestern Life Insurance Company, have covered this phase extensively; the paper by Fisher, printed in the *Insurance Press* of November, 1911, covering observations of 12,647 applicants, gives average blood pressure of 130.17, ranging in ages from 15 to 60 years. From my own observations and others, I have seen quoted, we may take those given by Fisher as reliable guide for normal blood pressures at the ages stated.

It has been demonstrated that the blood pressure increases in the brachials from the standing, sitting, supine and head down positions, also the pulse rate decreases in the same order that the blood pressure increases.

The few important diseases which I will consider are those which we most frequently are called to attend, and those in which the patience and skill of the physician are tested in the extreme. They are as follows: Arteriosclerosis, acute and chronic nephritis and toxemias of pregnancies.

Arteriosclerosis—In this class of cases which is most frequently met with, we can, by careful management, prolong the life and possibly prevent or put off a threatened cerebral hemorrhage.

The cardinal points in such cases are: Enlarged heart, thickened vessel walls, increased tension, depressed physical vigor, disturbance of digestion, and possibly kidney complications. The indications for treatment are proper nourishing food, plenty of sleep, and rest from fatigue. Iodides and the use of the nitrites to decrease the tension or pressure when indicated.

It is fully understood that in this condition the blood pressure is much above the normal average, being of compensatory character, but I do believe that where the blood pressure is above 160 m.m. up to 200 m.m. and over, much good can be accomplished, and possibly danger averted, by the careful treatment of the case. I have found in a number of instances where by the judicious use of sodium nitrite or erythrol tetronitrate, together with the proper diet and rest, the patients have been greatly benefited.

In the use of the nitrites, it has been fully demonstrated that for any permanent action we must rely upon the two drugs mentioned; amyl nitrite and nitroglycerin are too fleeting and of use only in emergency. The action of sodium nitrite will last about two hours, while erythrol tetronitrate will last from three to four hours. This drug is a nitration product of tetratomic alcohol erythrite, a derivative of erythrin, found in

* Read before the 146th annual meeting of the Medical Society of New Jersey, Spring Lake, June, 1912.

several varieties of lichens, given in doses of ¼ of one grain. The only objection to its use is its tendency in some individuals to produce headaches, so either you are compelled to give very small doses, or change to sodium nitrite for the relief.

Case 1—S. K., age 55, had been ill three months prior to my attendance. I found swelling of the hands and feet, a shortness of breath and headaches. His physical examination was negative with exception of a marked arteriosclerosis.

Urinalysis, specific gravity 1012, alkaline, albumen 2 per cent., no sugar, hyaline and granular casts and blood cells present. His blood pressure on March 16th, 1912, was 184 m.m. He was given erythrol tetronitrate, grain ½ every 4 hours, and milk diet. Improvement was seen at once, the albumen decreased to ½ of one per cent., the blood pressure went down to 154 m.m. on March 26th, 1912, and the œdema disappeared.

Case 2—Mrs. A., age 60. Had marked arteriosclerosis, no kidney lesion, mitral regurgitation present, heart slightly enlarged, has complained of fulness in head for a long time, headaches, vertigo, loss of vigor, easily fatigued, stomach disturbances. I first saw her in January, 1910. The blood pressure was 200 m.m. I placed her on ¼ gr. erythrol tetronitrate every 4 hours, which reduced the pressure to 170. Previously to this treatment she had taken for months the iodides without any relief. The patient has taken erythrol pretty regularly since. Doing this, she claims she feels better, the head symptoms are relieved, and she can attend her household duties with no discomfort.

These two cases are illustrations of a number of experiences I have had in arteriosclerosis with use of erythrol tetronitrate.

Acute and Chronic Nephritis—In these diseases we will find the blood pressure readings of the greatest importance in their management. usually the pressure is high, and it behooves us to use judgment in their treatment, by the careful watching of the blood pressure, and to see that it is kept at a safe limit.

Case 1—Mrs. N., age 55. I was called to see her November 5th, 1911, she complained of severe head pains, vertigo and general weakness; she had œdema of legs, hands and face. Pulse 100; temperature 101 degrees; blood pressure 195 m.m. Urinalysis, specific gravity 1020, albumen 2 per cent., no casts found. I ordered hot packs, diuretics, milk diet, water freely and free catharsis.

Notwithstanding this treatment, she had a severe convulsion at 3 A. M. next day, and again at 6 A. M. The convulsions were controlled by chloroform inhalations and morphine hypodermically. I then placed her on erythrol tetronitrate grain ¼ every 4 hours, and Fothergill's pills, one every 4 hours, hot packs continued. Improvement soon occurred in her general condition; there were no more convulsions, but the blood pressure remained high, so I increased the erythrol up to ¾ grain every 4 hours, which controlled the blood pressure and brought it down gradually to 145 m.m. The pulse also improved, coming down as low as 60, staying below 70. All of this in three days' time. The urine had improved, specific gravity 1012, albumen down to ¼ of 1 per cent., and the patient passing 100 ounces in 24 hours. Up to recently the last time I saw her the pulse was 70, blood pressure 140 m.m., albumen, a trace.

Case 2—J. R., age 21. On February 1st, 1912, the patient first noticed signs of œdema of feet, gradually becoming general. He used alcoholic beverages freely. Physical examination was negative; urinalysis, specific gravity 1022, albumen large quantities, hyaline and granular casts and scanty urine. On March 8th, 1912, when I first saw the patient he had had twenty convulsions in 24 hours. He was placed in hot packs, free catharsis and milk diet; his blood pressure was 202 m.m. Nitroglycerin 1/50 grain by hypodermic every 4 hours had no effect. On next day erythrol grain ½ every 4 hours was given, the blood pressure gradually came down to 134 m.m., pulse 60 on March 31st, 1912.

Urinalysis, specific gravity 1016, albumen a trace, and passing large quantities of urine; the patient recovered.

Case 3—Mr. T., age 72, jeweler. I first saw this patient in my office March 8th, 1912. He complained of pains in head and general weakness. Upon examination I found slight œdema of face and legs, marked arteriosclerosis, blood pressure 212 m.m. Urinalysis, specific gravity 1010, albumen 2 per cent. On March 12th, 1912, had several convulsions, blood pressure 210 m.m., pulse 100. The same treatment was pursued as was used in the former cases, with same results. On April 3d, 1912, his blood pressure was 180 m.m., pulse 64. This pressure, I believe, is what it should be, due to the arteriosclerosis. The urine had improved, albumen a trace.

Toxemias in Pregnancies—Probably the greatest advance made in obstetrics during the past few years has been the discovery of the significance of the variations in the blood pressures of pregnant women. It is now known that the blood pressure of a normal woman changes with the development of fœtal life, and during labor, the puerperium certain definite variations in pressure are noted. Deviations from the average intravascular tension at a given time of pregnancy, is an important diagnostic and prognostic sign.

J. C. Hirst examined the blood pressure of 100 non-pregnant women, showing no signs of any kidney or heart lesions. The average blood pressure with Faught's instrument was 112 m.m. Also blood pressures of 100 normally pregnant women were taken; women who at no time showed albumen or any constitutional signs of toxemia. Their average blood pressure was 118 m.m. These figures, he claims, hold good up to approximately the 7½ month, past which time there is a gradual rise, so that in the middle of the last month a fairer average is 124 m.m. My own observations have been the same as above. In women showing symptoms of toxemia, the picture changes.

The blood pressure in 39 women with eclampsia and 18 who did not have eclampsia but marked albuminuria, on the first examination, the lowest blood pressure was 142 m.m., and the highest recorded in a woman without eclampsia was 192 m.m., and the highest in eclampsia was over 320 m.m. Bailey, of Bellevue Hospital, confirms these findings in an examination of 145 pregnant women, making 1,136 systolic readings.

In a personal letter from Barton C. Hirst, he stated as follows: "I take the blood pressure every two weeks in all my patients, hospital and private. A pressure above 150 m.m. I regard as distinctly serious. The average blood pressure in eclampsia is about 180 m.m. If a woman had albumen with a blood pressure of 140 m.m. I should feel justified in letting her pregnancy continue with dietetic and other management, but if the pressure rose in such a case in spite of treatment, I should interrupt pregnancy."

From the authorities quoted, and others I have received communications from, as well as observations of my own, the following conclusions may be drawn. That a pressure of below 125 m.m. could be disregarded, a pressure of 125 to 150 m.m. needs careful watching and moderate eliminative treatment, and that a pressure over 150 m.m. needs unusually active eliminative treatment and diet, and will in all probability (especially if it shows a gradual tendency to climb higher) require the induction of labor.

Abnormal urinary findings are of value only when qualified by blood pressure readings. The blood pressure readings alone are worth more as a diagnostic aid than any other symptom, as the indicator for the care of threatened eclampsia. If the high pressure of late pregnancy is controlled, the patient may pass through pregnancy, labor and puerperium without the advent of convulsions.

Blood pressure in toxemia in the latter half of pregnancy associated with albuminuria and eclampsia is invariably high. A high rising blood pressure is invariably an early, often the earliest, sign of toxemia. This sign precedes albuminuria, and all the constitutional signs of an impending eclamptic attack.

Usually in eclampsia the pressure measures high for 48 to 72 hours after the birth, then begins to subside, and reaches normal in from seven to ten days, particularly that class of acute nephritis cases occurring during pregnancy, while those cases with preexisting nephritis will continue high, and those of the fulminating character may continue to rise.

The toxemias of pregnancies have been divided into the following clinical groups:

(A) Eclampsia—(1) Impending: Blood pressure before delivery, moderate; after delivery, falling. (2) Acute: Blood pressure before delivery, high; after delivery, falling. (3) Fulminating: Blood pressure before delivery, extreme; after delivery, rising. (4) Post-partum: Blood pressure before delivery, moderate; after delivery, falling.

(B) Chronic Nephritis—Blood pressure before delivery, moderate; after delivery, rising or constant.

(C) Non-toxic-renal—Blood pressure before delivery, low; after delivery, low.

(D) Mechanical- non-toxic albuminuria—Blood pressure before delivery, high; after delivery, falling.

In Group A 1.—*Impending Eclampsia* are those cases who, at or near term, develop eclamptic symptoms of varying degree, from slight headaches to severe headaches, with slight œdema and nausea. The urine will show albumen from a trace to 1 per cent. The blood pressure 146 to 190 m.m.

In every case, after normal delivery, the blood pressure will fall after some fluctua-

tions to normal level. These cases seem to represent a toxemia of moderate grade, affecting the previously healthy kidneys, leaving them undamaged.

IN 2.—*Acute Eclampsia.* At about the seventh month these patients develop eclamptic symptoms, progressive œdema, severe headaches, epigastric pain and convulsions, urine ½ to 2 per cent. of albumen, blood pressure 185 to 200 m.m. and over, after delivery the pressure dropping to normal gradually in ten days, but the urine will not clear up entirely, showing evidence of some permanent damage to the kidneys.

3.—*Fulminating Type.* After some preliminary œdema, there is a sudden onset of very severe eclamptic symptoms, violent headaches, epigastric pain, vomiting, blindness and convulsions, urine large quantities of albumen and cases, blood pressure 180 to 230 m.m. and over. These cases represent a toxemia of extreme grade, seriously damaging the kidneys, not relieved by delivery, associated with a very high and rising blood pressure and likely to cause death of patient.

4.—Post-Partum Type, are those which pass through pregnancy showing little or no symptoms of toxemia, possibly slight rise in blood pressure and trace of albumen, but after delivery convulsions occur. These attacks are usually easy of control, and the blood pressure soon drops to normal.

GROUP B.—*Chronic Nephritis* will show slight eclamptic symptoms, moderate amount of albumen and casts and high blood pressure. After delivery maintain a blood pressure level around 160 m.m. These cases represent toxemia not of fœtal origin, but from the pre-existing nephritis, characterized by persistent high blood pressure not relieved by delivery.

GROUP C.—*Non-toxic-renal* are composed of those with various renal conditions complicating pregnancy, but not as a rule associated with the toxic manifestations of chronic nephritis, and characterized by a normal or sub-normal blood pressure.

GROUP D.—*Mechanical-non-toxic-albuminuria.* These cases have a normal previous obstetric history, no eclamptic symptoms or evidence of previously damaged kidneys. They have an abnormal large quantity of albumen and high blood pressure. The albumen disappears and the blood pressure falling to normal after delivery. This condition is probably due to over distention of uterus, as in cases of hydramnios.

I will illustrate some of the above groups taken from my practice.

Case 1.—Primipara, age 36, at the eighth month showed trace of albumen, blood pressure 208 m.m. This was on August 8th, 1910. For four months previously the urinalysis was negative. The patient was placed on active eliminative treatment and milk diet. The next day the albumen had increased to 50 per cent. by volume and the blood pressure was 195 m.m. August 10th, 1910, blood pressure 190 m.m.; urinalysis, specific gravity 1016, albumen solid by boiling. Labor was at once induced, child dead, although life was felt few hours before operation. After delivery the blood pressure was 170 m.m. and pulse 118, and then gradually fell to and remained around 160 m.m., and the albumen to a trace. This case represents that class of Group B., Chronic Nephritis.

Case 2.—Primipara, age 22. On July 2d, 1910, I was engaged for the case, she being then seven months pregnant. Urinalysis, specific gravity 1006, albumen trace, epithelial and granular casts present.

This patient gave a history of kidney trouble when very young, following scarlet fever. On July 14th, 1910, urinalysis, specific gravity 1010, albumen had increased to ¼ by volume, blood pressure 130 m.m. The albumen remained at ¼ by volume and the blood pressure between 130 m.m. to 135 m.m. Not over this until labor, September 7th, 1910, which was normal. After labor the albumen entirely disappeared and the blood pressure had become normal. This case I place in the non-toxic renal group. It emphasizes what assistance this instrument will render us in deciding the prognosis and treatment of this class of patients.

Case 3.—Also primipara, age 20. My first urinalysis was August 8th, 1910, which was normal, and remained so up to February 5th, 1911. At this time she was 7½ months pregnant; urinalysis, specific gravity 1016, trace of albumen, blood pressure 174 m.m. On February 18th, 1911, the albumen had increased to 50 per cent. by volume, blood pressure 190 m.m. The next day the urine boiled solid. I sent her immediately to the hospital, where Cæsarean section was performed by Dr. Hawkes. Just before ether was given, she had a severe convulsion. The baby lived for 12 hours. The convalescence was rapid, albumen entirely disappeared, the blood pressure falling to normal. This case represents Group A, Acute Eclampsia.

Case 4.—Primipara, age 25. I saw in consultation at Rockaway, N. J., on January 1st, 1911. The patient had been in bed for several weeks, having nausea, vomiting,

œdema of legs, headaches. She had albumen 1-3 by volume, blood pressure 185 m.m., pulse 90. At this time she was eight months pregnant. I advised induction of labor, which was done with normal convalescence. This patient gave birth to a boy at full term in February, 1912. Throughout this pregnancy there were no toxic symptoms, urine was negative and the blood pressure never over 135 m.m. This case represents Group A, Impending type of eclampsia.

Case 5.—In June, 1911, I was called hurriedly to see Mrs. G., age 43, primipara, who was in convulsions at full term. It was stated by her physician that albumen had been present for several weeks. No blood pressure readings had been made, and not a very strict diet prescribed. I found the blood pressure 195 m.m. Labor pains had not taken place. I advised operative measures at once.

Dr. Charles Ill performed Cæsarean section. Just before placing patient on table she had a second severe convulsion. The patient's convalescence was uneventful, the blood pressure dropping to normal, and the urine cleared up. This is another case of Group A, Acute Eclampsia.

In conclusion I wish to urge a more regular use of the sympgmomanometer, particularly in pregnancy. It should be done every two weeks when urinalysis is made. I have no difficulty in persuading my patients to have this done, for they seem perfectly willing to do anything that might prove a safety guard.

A careful watch of the blood pressure will inform us more accurately than any other means, of the condition of our patients. If the warning of vascular hypertension is heeded, and means of control applied, many toxic women may be saved from more than prodromal symptoms of eclampsia.

DISCUSSION.

Dr. T. N. Gray, East Orange: I want to discuss the question of the blood-pressure with the use of the instrument in arteriosclerosis; because all arteriosclerotics are, sooner or later, nephritics. This is evident from reading and going over the cases. Dr. Gray gave us one patient with a blood-pressure of 212, and scarcely any symptoms; another with a pressure of 202, and more severe symptoms; and one with 194, whose symptoms endangered his life. The lesson to me is that in the high blood-pressure we find the same form and degree of symptoms that we get from enlargement of the heart. There is a compensatory relation, because one finds a high blood-pressure in a patient, with no subjective symptoms on one visit; and, a day or two later, the patient complains of symptoms. It is evident, therefore, that there is a compensation in the high pressure. The question is, What? Here are a series of cases that are a great deal to the credit of the man who wrote the paper; but the patient with 212 did not have anything like the symptoms of the one with 194, with their threatening to life. It is evident to me that this instrument is invaluable, and that we should make more use of it. We should be guided in our basal diagnosis by the general condition of the patient in connection with the reading of the instrument.

Dr. Francis R. Haussling, Newark: Dr. Lippincott has presented this subject at a very opportune time. The value af the sphygmomanometer as an aid to diagnosis in a few conditions is definitely demonstrated. It is easy of application, accurate, and cheap. Because of lack of time, I will limit myself to the discussion of blood-pressure in pregnancy. Before adopting the sphygmomanometer, it was necessary to determine whether it was of more value than urine analysis. I have a few notes that I have made on a series of cases, which, I think, will show that urinalysis, as done by the general practitioners is certainly not of as much value. The nitrogen partition of the urine is of great value, but this requires more or less of an expert; and even the simplest procedure requires a biuret, beakers and reagents. Properly performed, it requires a good deal of apparatus; so that I think that it is beyond the reach of the average practitioner. Besides, it costs more to make the test, and it has to be repeated every few days.

In order to verify further what Dr. Lippincott has said, I will report a few observations taken for six years. I have collected 682 readings on 140 women, apparently in good health. In this series, the lowest systolic reading was 80 mm.; the highest, 150 mm.—a difference of 70 mm. The average systolic reading was a trifle over 113 mm. Ninety-seven of the women examined were City Hospital patients. The records show that a trace of albumin, with or without casts, appeared in the urine of 52. One hundred and three specimens showed a trace of albumin, while hyaline and fine granular casts appeared 21 times in 17 cases. Much of the albumin can be accounted for by the fact that the patients were not catheterized, and the urine contained leukocytes. The 17 patients with casts in the urine presented no other symptoms of toxemia. Therefore, we are forced to the conclusion either that true casts were not present, or that they at times have very little significance, if unaccompanied with other symptoms. In 43 apparently normal cases from my own private records, only 3 showed a trace of albumin, and none showed casts. In these 682 readings, the highest reading, 150 mm., occurred but six times; that is to say, in less than one per cent. of the readings. In 91 per cent. of this series, the pressure fluctuated between 100 and 133 mm. The average reading in all normal antepartum cases was a little over 115 mm. In Bailey's series, the average was 118 mm., and it was the same in Dr. Hirst's cases.

In eclampsia, I have seen a fair number of cases. I have never seen a blood-pressure under 150 mm., except in one case with 110; so that I think that it is fair to assume that we can recognize the presence of the eclamptic stage

with the sphygmomanometer better than by any other means at our disposal. The highest reading that I have seen in the pre-eclamptic stage, when other symptoms of toxemia were present, but not convulsions, was 210. This woman was treated conservatively for a month, and then aborted. The result did not justify the treatment. I am convinced that the sphygmomanometer is a great aid in the diagnosis of the pre-eclamptic stage, and is much better than any other means at our disposal. With or without symptoms, a blood-pressure of 150 mm. or over is a clear indication for the application of active treatment.

DR. JAMES G. PRENDERGAST, Philadelphia: The men who have the sphygmomanometer and use it will be astonished at the results that they obtain. The eye men in Philadelphia do not open an eye without first taking the blood-pressure. In 85 per cent. of the cases in which hemorrhages have occurred after opening the eye, the taking of the blood-pressure has shown that arteriosclerosis and nephritis were back of them. All arteriosclerosis begins with toxemia. What the toxic substance is, we do not know; but it probably acts on the arterioles and causes them to contract, which puts more work on the heart. The heart, trying to force the blood through the contracted capillaries, increases the pressure. In treating pneumonia, one should always have the blood-pressure and the pulse-rate taken. The moment you find that the blood-pressure falls below the pulse-rate, you can give a bad prognosis. The cases that show this die. That fact was worked out by Hare and others at the Presbyterian Hospital in Philadelphia. You have the same condition in typhoid fever. Unless you can hold it at this point or push it up, you lose the case. In Scarlet fever, just before you have acute nephritis, you always find the pressure going up. In diphtheria, it is the same way. When the myocardium begins to be affected, you find a case that you have treated with antitoxin and got up and around will suddenly have a fatal ending. I have had several patients that died suddenly in this way after the myocardium had become affected. There had been a fall in their blood-pressure before death.

Every man, when he reaches the age of forty, should have a blood-pressure examination made every year from that time on. The work that has just been done by Fischer in the Cincinnati University shows that every case of nephritis and almost every case of dilated heart has arteriosclerosis back of it.

DR. LOUIS F. BISHOP, New York City: I have been working on this particular subject for a long time. I have reached a few very definite conclusions. In the first place, leaving out of account the high blood-pressure cases due to pregnancy, those due to the arteriosclerosis following syphilis and those due to nephritis of toxic origin, I believe that nine-tenths of all cases of arteriosclerosis are due to amino-acid poisoning, or so-called autointoxicative conditions. When the protein material goes into the body, it is broken up in the digestive tract; and, as the result, there are produced amino-acids. By protein, I mean eggs, fish and meat. The poisons, the amino-acids, are legion in number. Twenty-three of them are known by long chemical names, and a great many people are susceptible to particular ones. Some persons cannot eat crabs, some cannot eat lobster, some cannot eat veal, some cannot eat eggs; and so on. You know that a great many people who get symptoms from some amino-acids do not produce symptoms. I believe that arteriosclerosis is the result of the individual damage to the heart, blood and kidneys from some particular protein amino-acid, which is characteristic of that individual. We cannot tell which one it is that does the damage. Red meat is blamed by some, and most unjustly. I believe that eggs are the cause in some cases, and fish in others. A man from Ocean Grove came to see me, and stated that he had suffocative attacks every morning, together with the things that you know as the bad symptoms of arteriosclerosis and cardiac disease; and I traced his trouble to fish. He ate a great amount of fresh fish, and his amino-acid poisoning came from that. The logical thing in the treatment of such cases is to find out what particular amino-acid is causing the trouble. We cannot do it by chemical means; we are not good enough chemists. I cut out all eggs, fish and meat from the diet, and put in it some form of nitrogenous food, preferably cheese, to begin with. If the patients go on well, I add another proteid. I keep the proteins as few as possible; because that increases the chance of avoiding the particular amino-acid that damages that particular person.

The second point that I want to make is that salines, in the long run, are harmful in arteriosclerosis and high blood-pressure. They increase intestinal intoxication. I could tell stories of cases in which I am sure that there was damage done by them. One was that of a prominent New York lawyer. I use castor oil in all cases of amino-acid poison. I give an ounce of castor oil every day for three days. Then I give it once a week, and then once in two weeks. After that, for the rest of their lives, the patients should take it once a month.

The third point is that the best and safest antidote for high blood-pressure is outdoor exercise. That has been confirmed lately by some experiments from which it was shown that the nitrogen output of the kidneys is increased by exercise more than by diuretics. I have the patient walk out of doors every day, early in the morning, until physically tired. I exclude cases in which there is dilatation of the heart and compensation. As to nitrites, I found, two years ago, when I was in Vienna, that they did not use these there to reduce the blood-pressure. I do not use them myself. They are the best symptomatic remedies in the world. My patients carry nitroglycerin with them, with instructions to use it when they have symptoms; because these are usually due to local spasms in some particular part of the circulation. I do not, however, believe in the use of nitrites to reduce blood-pressure.

DR. C. A. ROSENWASSER. Newark: Every man should have a sphygmomanometer. If you have none, however, you can tell the blood-pressure approximately in an easy way. The normal pulse is 72 sitting up. If the patient lies down, it drops six or eight. If it does not do so, something is wrong. If it goes up, you have increased blood-pressure. If you have a patient in a spasm of pain, put on the blood-pressure

apparatus. I recently had a patient who had had seven laparotomies for abdominal pain that he never had had. His blood pressure was normal. A sphygmomanometer will tell you whether it is real or fake pain in many cases. Now if you have a man in whom you have high blood-pressure and do not find the cause, look for tuberculosis; but first be sure that the instrument is correct.

Clinical Reports.

Brain Abscess.

Dr. George M. Coates, at a meeting of the Philadelphia Laryngological Society, held March 26, 1912, exhibited a brain showing abscess of left frontal lobe secondary to accessory sinus disease.

Clinical history: Patient, woman, 30 years of age, with no specific history obtainable, had suffered with headaches for three or more years. She first came under observation in May, 1911. Her symptoms at that time were those of nasal obstruction and almost continuous headache. Examination showed much hypertrophy of the middle turbinate and suppurative discharge on left side. Anterior end of middle turbinate showed slight returning sense of smell which had been absent for years. She persistently refused operation until January, 1912, when her ethmoid labyrinth on left side was exenterated and anterior wall of sphenoid removed, giving her total relief from headache for over a month. Wounds healed rapidly and completely. On return of headache a radical operation was again advised and refused. Nasofrontal duct was enlarged, however, but without relief. She was lost sight of for a month, and when next seen at her home was in a semicomatose condition, being treated by her attending physician for hysteria. She was removed to the Pennsylvania Hospital where she presented the following condition: Semicomatose, though she could be aroused; all reflexes active; Kernig's sign absent and no sign of meningitis; choked disk on left side marked and beginning on right; left pupil dilated and irresponsive to light, less so on right; intense tenderness over left frontal area; incontinence of urine and feces; Wassermann partly suggestive; purulent discharge from left nares; temperature subnormal; pulse 60 and below. Abscess of brain was diagnosed. Immediate operation showed entire absence of left frontal sinus and probing of brain tissue failed to demonstrate pus. Trephine opening over left temporosphenoidal lobe also failed to reach abscess. Death occurred twelve hours later after patient regained consciousness.

Autopsy revealed no signs of meningitis anywhere; well-localized abscess cavity, containing over one ounce of greenish-gray thin pus, found occupying anterior half of left frontal lobe; cavity size of a large walnut with numerous pockets projecting from and opening into main cavity; well-marked abscess wall three mm. in thickness; abscess confined chiefly to inferior and middle frontal convolutions, extending to nearly one-half cm. of the orbital surface and three-fourths of an inch of the frontal surface of frontal lobe. Track of probe from frontal wound extended to about one cm. of abscess cavity. Abscess cavity was situated directly over left olfactory bulb and extended over left optic nerve. Bone of anterior cranial fossa and cribriform plates of ethmoid bone showed nothing abnormal.

Dr. Mackenzie, in discussing, said that the most frequent causes of brain abscess are middle-ear suppurations. Development of brain abscess is slow. In this case there may have been a small necrotic area in the roof of the ethmoid cell which could possibly escape detection from the cranial side. All brain abscesses are due to infection from pyogenic micro-organisms. A cerebellar abscess is frequently preceded by an extradural abscess and, too, we oftentimes find a fistulous tract uniting the primary extradural with a cerebral abscess cavity. In the course of cerbral abscess we note four typical stages. First, the initial stage, which denotes primary invasion of the infection from one of the accessory cavities to the brain. Such manifestations as slight temperature, headaches and malaise may be present and may readily be passed over by the family physician as a so-called bilious attack, for there are no focalizing symptoms in this stage. Second, a long latent stage of cerebral abscess. It is variable. Knapp says the duration of this stage on one occasion was ten years. During the latent stage there may be few or no symptoms; loss of weight; slow cerebration (MacEwen). Third, the manifest stage, pressure symptoms. Fourth, the terminal stage, rupture of abscess into the ventricles.

Fracture of Frontal Bone and Meningitis.

Dr. W. F. Beerman reported this case at the San Francisco Polyclinic Society, held February 7, 1912:

The case I wish to report was seen with Dr. Berndt on October 19th, 1911. Patient is an electrician, age 31; was thrown from an automobile striking on his head; he was rendered unconscious and remained so for six days. Then for two or three days he got about and did a little work around his home, following which patient showed signs of dementia. He was likewise forgetful, dirty in his habits and had to be watched in order that he did not injure himself or others. He was brought to San Francisco and placed in a hospital, where he was observed by a physician for a week; the hospital authorities caused his dismissal, saying they did not care for insane patients. He was taken to another hospital and dismissed from that institution for the same reason. When I saw the patient it was six weeks after the accident; examination revealed a partial bitemporal hemianopsia and total bilateral anosmia. The reflexes, sensations, muscle sense, optic discs and every other function of the nervous system were normal. Palpation of the skull was everywhere painful, particularly over both frontal bones. Neck was tender and rigid. Kernig sign was well marked; no Babinski. Lumbar puncture was performed and the spinal fluid was under extremely high pressure. Examination of spinal fluid; marked positive Noguchi, also Nonne. The cell count was extraordinary in that there were from two to three hundred or more small and large lymphocytes to the field. White blood count 7,000. He was running a temperature, and as we knew fever is not in favor of a luetic process. Nonne states in his newest edition on Syphilis of the Nervous Sys-

tem that fever is very uncommon. Oppenheim states that the presence of high fever speaks for a complicating process. Strassman has lately reported two cases of cerebro-spinal syphilis where the temperature ran to 101, 102 and 103 F. With the knowledge of the existence of a fracture of the skull the question as to the nature of the meningitis arose; whether it was serous or whether it was a form of secondary meningitis following fracture, or whether of tuberculous or syphilitic origin. The Wassermann was negative in both blood and spinal fluid. The cell count in the spinal fluid demanded the use of anti-luetic drugs, so the patient was placed on large doses of K. I. and mercury and within a week his condition began to improve. The improvement was so rapid that within two weeks after the treatment had been instituted the patient was discharged entirely free from all subjective symptoms and has returned to his work. Sooner or later, however, an operation may be demanded for the relief of the depressed fracture of the right frontal bone. An interesting feature of this case is that ten days after treatment was begun the patient's friends noticed that when patient was standing up fluid ran from his nose. I noted at an examination I had made, that if the patient stood erect, a clear fluid ran in a steady stream from the left nostril. The fluid showed the same characteristics as the fluid obtained by lumbar puncture. In the stained slide the lymphocytes averaged one to two hundred per field. I believe that the characteristic cell count of the spinal fluid, together with the rapidity with which anti-luetic remedies brought about a condition of cure, justifies the diagnosis of a basal syphilitic process, following trauma of the skull.

Orbital Endothelioma.

Reported by P. A. Jordan, M. D., San Jose, Cal., at the annual meeting of the California State Society:

On August 16th, 1911, there came under my care Mrs. J. O., aged 55, complaining of intense left-sided neuralgic pains. She was a perfect picture of chronic intense suffering, with pinched face, subdued voice, and demeanor resigned to suffering. She was willing to undergo any form of treatment, or any surgical procedure, provided it gave the semblance of a promise of even a little relief. She gave a history of having been treated by many physicians, surgeons and specialists, since her trouble began, four years ago.

On examination I found the following: O. D. good vision; O. S. totally blind for one year; T—N, vitreous cloudy. Fundus not clearly seen. Nose—right nostril, O. K., excepting septum, bulging to right, in ethmoid region. Left nostril—complete impaction of middle turbinate against septum.

Without a complete history, at the time, I suggested the removal of the middle turbinate, and sufficient amount of the ethmoid body to warrant freedom from pressure, expecting relief from the neuralgic pains. This was done by Dr. Swaze, at my suggestion. On December 1, I, for the second time, saw this point The middle turbinate had been removed, the pressure relieved, but the intense pain was as severe as ever, and the patient was taking three grains of morphine per day. Owing to peculiar family relations, it was impossible to give the patient proper care at home, and difficult to transfer her to a suitable hospital. At this juncture I urged transference of patient to San Frahcisco, where neurologist, brain surgeon, eye, ear and nose specialists might all work together to unravel the interwoven smyptoms. Soon after, the patient was taken thence, where the following operation was performed in Lane Hospital:

Under general anesthesia, an accommodating flap of about two and one-half inches in diameter was made in the fronto-temporal region, which should allow examination of the region at the apex of the orbit, by lifting up the frontal lobe, and also should allow removal of the Gaserian ganglion. No pathological findings at the apex, in the region of sphenoidal fissure; and an ineffectual attempt to remove the Gaserian ganglion was made. The orbit was then exenterated. In the apex was found a tumorous mass, filling about the posterior one-third of the orbit. There was found to be no bony wall between the orbit and nasal cavity. Microscopic examination showed the tumor to be endothelioma. The patient made an uneventful recovery, but still has very marked left neuralgic pains.

At the time of the operation, I learned an important point in the patient's history, not known to me before; namely, that early in the disease there had been marked proptosis of the left eyeball, with accompanying swelling and extreme pain. Some time later, after having visited San Francisco, she experienced a gush of fluid from the left nostril, with a prompt relief of pain, and lessening of swelling of the eye, which soon after assumed its normal position. There was very likely at this time a tumor in the orbit, impaction of the middle turbinate and ethmoid body, closure of exit to frontal sinus, and retention of fluid in same. The gushing of fluid followed subsidence of swelling, and thus relief from pain.

Rupture of Common Bile Duct.

Dr. O. F. Paget, in the Australian Medical Gazette, January 13th, reports this unique case:

Dr. Paget's patient was run over by a sulky. The liver had been apparently torn from its suspensory ligament and rotated forward, its superior surface becoming an anterior surface, and allowed the closed fist to be easily accommodated between the liver and diaphragm. The anterior edge of the liver was found flattened out like a ribbon some inch and a half wide, and was adherent to the transverse colon. The gall-bladder, adrift from the liver, hung by a pedicle consisting of its duct, and, obviously, its blood-supply, since there was no appearance of gangrene. The line on the liver whence it had been torn away was distinctly visible. The point of leakage of bile was located in the main duct in the hepatoduodenal ligament. During the efforts made to dissect out the duct the patient's condition became so serious as to necessitate finishing the operation. A large rubber tube, containing gauze, was, therefore, passed down to the region of the tear, and the abdomen closed. The patient was barely resuscitated by subcutaneous salines, pituitary hypodermically, etc., before being taken off the table. The gall-bladder was suspended to the liver in

its proper position by a single gut suture, with the idea of making it easy to find at a second operation.

The second operation was performed, and everything differed from the expected. (1) The liver had regained its normal position and was adherent to the diaphragm; (2) the gall-bladder had again come adrift and was nowhere to be found; (3) of course, there were many adhesions from drainage, tube tracts, etc. The gall-bladder, completely retroverted on its pedicle, and, disguised by liver-colored adhesions, was ultimately found adherent to the posterior surface of the liver. It was quickly sutured to the colon, and the abdomen closed with a rubber drainage tube.

There are many interesting points in this case: (1) The result of a practically aseptic rupture of the common duct, which allowed no bile to enter the intestine, but let it accumulate in the peritoneal cavity was limited to (a) intense emaciation, (b) jaundice. All other symptoms were secondary to pressure. The temperature had been normal. (2) The presence of fluid in the closed abdomen apparently checked the formation of adhesions. (3) As a result of paracentesis, the temperature shot up to 103 F., and then returned to normal. (4) After the first operation, which was practically a mere draining away of bile from the abdominal cavity, the temperature was immediately typical of a mild septic case, ranging the first week between 102 F. and normal, the second week 101 F. and normal. There was absolutely no evidence of peritonitis or sepsis. Within twenty-four hours of operation the patient was fed freely. There was never any vomiting, and the bowels acted within twenty-four hours without medicine. A small degree of swelling at the lower end of the wound was at the second operation found to be blood extravasated, where the muscle had been divided. It was partially organized as white clot, and in no degree purulent. (5) In spite of jaundice, there was no hemorrhage at either operation, and no ligature to the vessels was used. (6) The fact that the gall-bladder and duct can be freely separated from the liver without fear of gangrene is of value in gall-bladder surgery. (7) Hypodermic injections of pituitary gland were given for days and weeks. They unquestionably prevented the patient from dying. (8) The patient's collapse at operation was appalling, and only equalled by his rally-power. After both operations he was fed as often as possible, immediately after recovering from the anesthetic. He never vomited.

Renal Decapsulation for Chronic Nephritis.

In the discussion of a paper on the above subject by Dr. Samuel Lloyd, at a meeting of the Medical Society of the County of New York, which is printed in the Medical Record, June 1, 1912, Dr. Charles Gilmore Kerley cited the case of a child four years of age who had acute nephritis. She had been tapped on several occasions. After a third severe exacerbation of the trouble she was operated upon. At the time she was thoroughly water-logged. Immediately after the operation the kidneys began to act and the way in which the water was disposed of was remarkable. She lost eight pounds in a week and by the end of four weeks the condition of the kidneys was approaching normal when the child was taken with colitis and died.

Dr. Samuel Lloyd said that they quite frequently saw as remarkable results as those that Dr. Kerley had just related. He cited the case of a boy who was so disfigured by nephritis that he did not look like a human being. After decapsulation he lived for four years; then a second operation became necessary, but he did not survive this. They could not depend on a progressive and continuous improvement in these cases after operation. Often there would be relapse after relapse. The most careful medical, dietetic and hygienic attention was needed. The cure did not come quickly, usually not until about three years after the operation.

Renal Tolerance of Surgical Intervention.

In a paper by Dr. W. Wayne Babcock, surgeon to the Samaritan Hospital, Philadelphia, on "Surgery of the Kidney," at the meeting of the Pennsylvania State Medical Society, and published in the Penn. Med. Jour., he cited several cases in which five or more operators had been performed upon the kidneys. We give the following:

Case 1. Recurrent nephrolithiasis. Six nephrotomies or nephrolithotomies and a nephrectomy with recovery. Mrs. H. D. M., aged sixty-eight, multipara, of spare build, sallow complexion, had well-marked arteriosclerosis. Attacks of indigestion, violent headaches, and sacro-backaches began nearly thirty years ago, with marked dysuria and urinary tenesmus. Nine years ago a plastic operation and ventral suspension were performed for procidentia. Six months later there developed a sudden attack of calculous anuria with delirium and a temperature reaching 104 degrees. The anuria lasted twenty-four hours and, the fever and delirium persisting, on the sixth day of the attack I opened both the kidneys, draining a large uronephrosis on the left and removing a large coral calculus from the right kidney. The patient had never had pain on the right side. One year later, pain developed upon the right side; the skiagraph showed the presence of calculi in both kidneys and the abdominal walls were so thin that the stones in the shrunken left kidney could be palpated. I again simultaneously opened both kidneys, removing four stones from one side and three from the other. The following year a small pyelonephrosis was found on the left side, which was drained under local anesthesia. The left ureter was apparently obliterated and a troublesome urinary sinus persisted, so that a few months later, in January, 1905, I removed the left kidney. A year after this, renewed colic having occurred on the right side, I reopened the right kidney for the third time and removed five moderate-sized stones. This patient, therefore, has had a total of seven operations upon her kidneys, and since January, 1906, has been free from renal colic. The urine now has a specific gravity of 1.008 or 1.010. There are polyuria, slight albuminuria and varying amounts of mucopus.

Case 2. Recurrent nephrolithiasis. Seven operations upon the kidneys including nephrectomy. Recovery. Marriage and pregnancies. Miss N. K., aged twenty-six, was poorly developed. At sixteen years of age she had grip followed by vesical symptoms. When eighteen, stones were removed from right kidney. The wound healed in three weeks. A year later pain developed in

the left side and at twenty years of age from four to six small stones were removed from the left kidney. This was followed by the formation of a succession of small abscesses. Permanent tube drainage was instituted upon each side. About six months later, the left nephrostomy opening was enlarged under local anesthesia, pus was evacuated and calculi removed. I first saw the patient in October, 1907. Catheters had then been continuously worn in both kidneys for eighteen months, and had caused considerable trouble, especially at times from the difficulty of reintroducing them. By the injection of colored fluids the left ureter was found to be obstructed. The skiagram showed the presence of multiple stones in the region of the right kidney and none in the left. Quantities of fetid urine and pus could be expressed from about the left kidney. In November, 1907, under spinal anesthesia, I removed the left kidney and evacuated perinephritic abscesses. The cause of the recurrent calculi was found in a stone completely blocking the upper end of the ureter. The kidney was largely destroyed and contained many cavities filled with fetid pus and many embedded calculi. The right nephrostomy opening was dilated, and the patency of the right ureter established by the passage of ureteral catheters. A few weeks later it was necessary to re-establish temporarily the drainage in the right side. Shortly after this all sinuses closed and a few months later, when the patient presented herself, she had gained twenty-five pounds in weight, the urine was clear, but the sediment showed a moderate number of leukocytes. This patient has since married and has been delivered of two healthy children. The patient has, therefore, continued in good health for nearly four years after the last operation, although her residual kidney has twice been incised for the removal of stones and was subjected for eighteen months to the constant irritation of a rubber drain.

Case 3. Recurrent nephro- or ureterolithiasis and pyelitis. Six nephrolithotomies or nephrotomies with recovery. Mr. B. A. B., broker, aged forty-three, developed paroxysms of pain in the left hypochondrium with severe vomiting, sixteen years ago (1895). These attacks incapacitated him for from a few hours to fifteen days and he was treated for gastric ulcer. July 6, 1899, I opened the left kidney and was able to slip back, through the pelvis, a cylindrical calculus that blocked the upper end of the ureter. The kidney was sutured and the overlying tissues closed without drainage. Although the patient seemed in robust health, pyuria and phosphaturia persisted, and in June, 1908, as the X-ray revealed shadows in both kidneys, the right kidney was opened and a large coral calculus removed. A left nephrotomy was also done but no calculus was found on this side. The wounds were closed without drainage. Pain developed in the right side, and in October, 1908, the kidney on this side was opened and drained for suppurative pyelitis. The drainage continued for two months. In May, 1909, the right kidney was opened for the third time and a catheter passed down into the ureter and left in this position for five days. After removing the catheters two ureteral calculi, the size of grains of wheat, passed. The following day there was a brief attack of severe, left renal colic. In May, 1909, there having been a recurrence of the left renal colic, the left kidney was opened for the third time, making the sixth operation upon the kidneys of this patient, and a calculus was found in the upper ureter, which was slipped back into the kidney and removed, with some difficulty, through an incision in the renal substance. The wound healed within a month, and since this time the patient has been in good health, although a moderate phosphaturia continues.

Meetings of Medical Societies.

American Proctologic Society.

The fourteenth annual meeting of this society was held at Atlantic City, N. J., June 3 and 4, 1912, the president, Dr. John L. Jelks, of Memphis, Tenn., in the chair.

Officers elected for the ensuing year:

President, Louis J. Hirschman, M. D., Detroit, Mich.; vice-president, Alois B. Graham, M. D., Indianapolis, Ind.; secretary-treasurer, Lewis H. Adler, Jr., M. D., Philadelphia, Pa.

Executive Council—John L. Jelks, M. D., Memphis, Tenn.; Louis J. Hirschman, M. D., Detroit, Mich.; J. Rawson Pennington, M. D., Chicago, Ill.; Lewis H. Adler, Jr., M. D., Philadelphia, Pa.

The place of meeting for 1913 will be at Minneapolis, Minn. Exact date and headquarters to be announced later.

The president, John L. Jelks, M. D., of Memphis, Tenn., addressed the society on the "Relationship and Duties of the Proctologist to the Profession."

He stated that this society was an innovation when organized—a strange vessel on the high seas. A child of American Medicine, it has now become a sprightly youth, with ambition and strength of purpose, having an exercising authority. The medical world recognizes as authoritative the expressions of its Fellows in the field covered. He admonished discretion, thorough description and perfection of technic. Hasty speech or carelessly written paper cannot be erased or changed—as in their publication they become a permanent record. * * * He considered the true surgeon and specialist as humanitarian, whose purpose in life is to save life, restore health and happiness, and admonished him to shield and protect his brother from the darts aimed to destroy.

He referred to cancer in the rectum, sigmoid or colon, which may have been treated as of minor significance until metastases are so expensive as to preclude hope of a cure. He praise those proctologists, who have, with much patience and fortitude, labored for and finally have overthrown that unfortunate assignment of malignant rectal and colonic cases to untimely graves. He stated that much harm has been done by the profession in the establishment of drug habits among the American people for the relief of constipation as last year's symposium before this society would show, and says the proctologist is best equipped to study these cases, and arrive at the true etiology pointing to means of relief. * * * He complimented the fellowship of the society, which is limited to fifty and has forty-three members, and stated no similar number of men are banded together in the civilized world who can boast of greater attain-

ments for the science of medicine, or for humanity, almost every member being the author, or an associate author, of a book, and these are all standard text or reference books in this branch, most of them also have been inventors of valuable instruments, or appliances, applicable to this specialty. He referred to some of the research work done by the Fellows, and to the possibilities yet before them in procto-enterology.

He alluded to the intra- and extra-rectal and anal and colonic infections, the role they play and the possible developments of vaccine therapy and antitoxins in combating them. He stated that each Fellow should carefully weigh his selected subject for these meetings, being mindful of the fact that the general profession is looking to this society and its individual Fellows for facts, not fancies; for proven remedies and technics, and not fads. * * * He referred to the fact that few of the hospitals in this country permit additions to their staff of specialists in proctologic work, hence the general surgeon and the general practitioner are doing the work in these institutions, about as these same men would do the ophthalmologic work, etc.

He recommended the addition to the American Medical Association of a section, in which the subjects, gastro-enterology and proctology, or procto-enterology may be discussed, and that the name of the society be changed to that of the American Proto-Enterologic Society.

(We hope to be able to give some abstracts of papers read, later.—Editor.)

American Hospital Association.

The fourteenth annual meeting of this association will be held in the Hotel Ponchartrain, Detroit, Mich., on September 24 to 27, 1912, under the presidency of Dr. Henry M. Hurd, of the Johns Hopkins Hospital, Baltimore. Details as to the program, etc., may be obtained from the secretary, J. N. E. Brown, M. B., 90 Charles street East.

American Association of Clinical Research.

The fourth annual meeting of this society will be held in the New York Academy of Medicine, New York City, on November 9, 1912. There will be morning, afternoon and evening sessions, the general public being invited to attend the last, and a notable program is in preparation. This association recognizing "the necessity for clinical research that shall produce a body of unquestionable clinical facts from which the therapeutic principles may be deduced," aims to force centres of clinical research in all of the larger cities, such centres to endeavor to interest physicians, hospitals, and the public. Dr. James Krauss, 419 Boylston street, Boston, is the permanent secretary. Physicians in general are invited to attend the meeting.

Conference on Pellagra.

A national conference on pellagra will be held in Columbia, S. C., October 3d and 4th. Among the speakers already announced are Surgeon-General Rupert Blue, Dr. C. H. Lavinder and Dr. R. M. Grimm, U. S. P. H. and M. H. Service; Dr. P. E. Garrison, U. S. Navy; Dr. J. F. Silver, U. S. Army, and Carl S. Gesberg, of the National Bureau of Plant Industry.

American Association for the Study and Prevention of Infant Mortality.

The third annual meeting of the Association will be held in Cleveland, Ohio, October 2-5, 1912. The program includes sessions arranged by chairman of standing and special committees and popular meetings will be addressed by distinquished specialists from this country and abroad.

Papers will be presented on Birth Registration; Educational Prevention of Infant Morality; Eugenics; Housing in Relation to Infant Mortality; Midwifery; Nursing and Social Work; Prevention of Municipal Infant Mortality.

The officers of the Association are: President Dr. C. L. Wilbur, Washington; president-elect Dr. L. Emmett Holt, New York; first vice-president, Dr. Joseph S. Niff, Philadelphia; second vice-president, Mr. Charles A. Otis, Cleveland; secretary, Dr. H. J. Gerstenberger, Cleveland; treasurer, Mr. Austin McLanahan, Baltimore; Dr. Henry L. Coit, of Newark, is one of the directors.

Pan-American Congress.

The Sixth Pan-American Congress will meet in Lima, Peru, on August 3 to 10, 1913, in connection with the Latin American Medical Congress and the Congress of Hygiene. The congress will be under the patronage of His Excellency the President of Peru and of the Minister of Foreign Relations, of Instruction, and of Fomentation. Its work will be divided into eight sections, covering anatomy and physiology; bacteriology and parasitology; medicine, surgery, hygiene, physics, chemistry, natural history, pharmacology, veterinary medicine, and odontology. Various excursions through the country are being arranged for those attending the congress, as well as many different means of making the journey to and from Peru.

Therapeutic Research—Prize of $500 Offered.

The Committee on Competitive Therapeutic Research of the American Therapeutic Society, having reported that no report on a subject of therapeutic research had been received in response to the offer of a prize of $200, and having recommended that the amount of the prize offered should be increased to $300, or more, and that the competition should be thrown open to the profession at large, the society, on recommendation of the Council, voted to increase the prize to $500 and to open the competition to the medical profession of the United States and Canada.

Sex Hygiene.

The American Federation of Sex Hygiene was incorporated in New York State on July 1 to operate throughout the country. The purpose of the corporation is the voluntary education of the public in the physiology and hygiene of sex, including the study and application of every means, educational, sanitary, moral and legislative, for the prevention of vice and its diseases. The directors include many well-

known physicians and social workers. The federation will have its chief office in New York City.

Miscellaneous Items.

Orange Memorial Hospital.

An effort is to be made to raise the amount of the endowment fund of the Orange Memorial Hospital from its present figure of $230,000 to $500,000, at which point, the management feels, it will be able to dispense with much of the annual "begging" that is now a necessity.

The entire territory served by the hospital is to be canvassed under the direction of an expert who had success in similar work in other places.

Homes for Inebriates and the Tuberculosis.

At a special meeting of the Board of Estimate of New York City an appropriation of $75,000 was approved for the purchase of a farm of 840 acres in Orange County, for the establishment of a sanatorium for inebriates. The board also adopted the report of its special committee accepting the proposition of the Association for Improving the Condition of the Poor to build a hospital for the sea-air treatment of non-pulmonary tuberculosis at a cost of $250,000, on condition that the city give the site at Rockaway, and conduct and maintain the hospital.

Favor Marriage Restrictions.

The members of the New Jersey Branch of the Lutheran Synodical Conference in session at Closter, N. J., recently went on record as opposing the issuance of marriage licenses unless the applicants were able to produce a physician's certificate to the effect that both are physically fit to marry.

The General Practitioner not Doomed.

Sir James Barr, President of the British Medical Association in his presidential address said: one often heard statements to the effect that the general medical practitioner was doomed, but in the speaker's opinion the future of medicine would rest with enlightened and highly educated general practitioners, men who would look after the health of the community who would see that mechanism of a high order was produced, and who would see that the machinery of the individual was properly lubricated and not subjected to any unnecessary friction or strain. The enlightened public would look to their medical attendants as guides, philosophers, and freinds, both in health and disease. They must recognize that the outlook of the medical porfession, though at present somewhat dismal, was merely a transition stage which would soon pass away.

To the Critics of the Medical Profession.

Every earnest physician merges himself in his work as do men in few other callings. The practice of medicine is a humane profession. All unconsciously the spirit of unselfishness creeps into a true doctor's life, and sooner or later he finds himself living not for himself but for humanity. There are plenty who will scoff at this and ridicule the idea. But every doctor who reads this knows that there is an exaltation felt by those who minister unto the sick and suffering that makes the active practice of medicine the most gratifying, most satisfactory calling on earth. It is good to be a doctor of medicine, to feel the responsibilities one is forced to assume, and then to realize the trust and confidence that patients give to us in their hours of greatest distress and anguish. It is these very things that make the practice of medicine ennobling in many ways that only those engaged in its pursuit can understand. If the laity could only grasp and analyze the psychic effects of the sense of personal responsibility that becomes a real force in every honest doctor's life, there would be a great deal more sincere respect entertained by those who are now all too prone to criticize and condemn.—Western Medical Review, January.

Unselfish Men of Medicine.

It should not be overlooked that we owe the extraordinary advance in the science of disease prevention almost wholly to members of the medical profession. They are the most zealous supporters to-day of the campaign of education that is going on throughout the country to reduce sickness.

Where is there another great body of professional or business men who, in order to serve humanity, are striving to reduce their individual earnings upon which their personal comfort and happiness largely depend?

However we may differ as to the methods of healing and of cure, we certainly owe a great debt of gratitude to these unselfish and devoted men of medicine—Equitable Insurance Journal.

Why Always False.

The antivivisectionists have a remarkable, almost a unique, record for mendacity. The cause is their inability, without violent distortion, to make any case at all. They are now putting out a pamphlet regarding the investigations of Dr. Hideyo Noguchi. This pamphlet undertakes to show by quotations from the doctor's own writings that he is infecting human beings with a horrible disease. Those engaged in getting up the pamphlet must have known that the doctor was doing nothing of the sort. How, then, did they make their impression? Simply by carefully planned omissions and substitutions—by leaving out, for instance, the explanation that luetin is not a strain of living germs but an emulsion from dead germs and quite sterile, and that the procedure followed was a harmless skin test analogous to the von Pirquet test for tuberculosis. What ultimate value can there be in a movement which finds it necessary to base its reliance on carefully studied lies?—Collier's Weekly.

The Patience of the People.

"Is there any other intelligent people so long-suffering as the American people? All sorts of humbugs—fake patent medicine, fake doctors, fake religions, fake investments flourish here as perhaps nowhere else on earth. And our people just laugh at themselves and go on being humbugged. Alas, my masters, where is it going to end?"—Northwestern Christian Advocate.

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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William J. Chandler, M. D., South Orange, N. J.

STATE SOCIETY JOURNALS.

Our society desires to exchange Journals with every State society that publishes one, but as the editor has received not more than one-half of the State Journals that are supposed to be issued regularly, he takes this method of calling attention of the editors to that fact, and to express the great pleasure it will give him to have the exchange effected. It may be that some have been wrongly addressed. *Every medical journal intended for the editor's use should be addressed to Dr. D. C. English, New Brunswick, N. J.*

THE SOCIETY'S PROPERTY.

We regret exceedingly the necessity of calling attention to the failure to observe the rules of our society in reference to the publication of papers read at our annual meeting, in other medical journals, before they appear in our Journal. Not only is it a breach of courtesy, but also a direct violation of our society's by-laws.* Attention was called to this matter in our annual program this year—as in previous years—page 5, where it was stated that papers read at the annual meeting became the property of the society and "cannot be published elsewhere than in the Journal of the Medical Society of New Jersey without the written consent of the Committee on Publication."

Four papers of the Symposium on Child Life were published in the August issue of another journal without the committee's consent or our knowledge that they were so to appear, and two other papers without arrangements for simultaneous publication in that journal and our own. Abstracts of the discussions, taken by our society's stenographer, also appeared without our committee's consent or knowledge. We had arranged our matter for the insertion of one of the papers referred to above and planned for the others to appear in our October issue. At the request of the chairman of our committee, we defer their insertion.

*See By-Laws. Chap. III, Sec. 5.

SAFEGUARDING THE PROFESSION'S MATERIAL INTERESTS.

We quote from the proposed revision of the Principles of Medical Ethics:

"A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals."

It is such a conception of the profession that gives it the dignity and honorable standing it has been accorded during many centuries by all who are capable of recognizing and appreciating the high aims and the faithful, self-denying and often self-sacrificing efforts for the accomplishment of its high purposes in the service of humanity.

It is not our purpose nor desire to dwell upon the prime object as set forth above; we regard it as a generally accepted fact that needs no discussion, and at this time refer to the "subordinate" matter of reward or financial gain, in considering the question of safeguarding the profession's material interests referred to by our president, Dr. Wilson, in his communication in our August issue. Although it is a matter of subordinate consideration, it is one of press-

ing importance and if we would preserve the profession's right to be called a dignified and honorable profession and desire to have it worthily and successfully strive to accomplish its high aims, we as members of it should conduct ourselves "in accord with its ideals." We agree with our president that "we have not fully safeguarded the material interests of the profession," and believe that our united efforts should be directed toward the correction of existing faulty conditions both for the profession's and the public's good. In our last month's issue we expressed our belief that something more than the suggested legislation was needed. It is a question whether the profession's material interests have ever been promoted by legislation. Such legislation as has been obtained was sought mainly for the public good; it was secured by strenuous effort, at great cost of time and money, and worse, often, by some loss of dignity and the respect of the laity, who have failed to appreciate our disinterested motives and also failed to recognize that most of it meant decided financial loss to the members of our profession. We quote President Rogers, of the Rhode Island Medical Society, who, in his address at the Centennial Meeting in June, said:

"Committees on legislation are antiquated and useless. They have accomplished nothing in this State and about as much in others. Legislators do as they are told, and with the orders of the boss ringing in their ears they can scarcely hear the whisperings of conscience, much less the softer murmurs of the committee on legislation. * * * Away with obsolete methods, with futile attempts to control the practice of medicine which hold us up to ridicule and are successful only in their failure."

He then strongly advocates education of the public. We shall give an abstract of his address in our next issue. We express our growing belief that there is at present little hope for wise and proper legislation until the public is educated sufficiently to demand it and our profession is more thoroughly organized and united in advocacy and support of such needed legislation. What we need most is to remember and to act upon our knowledge of the fact that our profession is—or should be—a body of dignified and honorable men, and that there is a proper *esprit de corps* which should be observed. It is a brotherhood and the fraternal spirit should animate all its members, as they realize that what benefits or injures one affects all, and this is the mainspring of medical ethics. As Dr. Bassler, of New York, says: "Democratic demeanor is the noble standard of America, but it does not require the debasement of our profession or ourselves for its development—far from it."

Unjust and unkind criticism of a brother physician to the laity and the exhibition of selfishness and greed that tends to convert our honorable profession into a commercialized art, acting on the principle—or lack of principle—"everybody for himself and the devil take the hindermost," not only lowers the whole profession but seriously affects its highest material interests. Lodge or contract practice, as generally conducted, needs only to be mentioned to be condemned; it injures the physician engaged in it, the patient, the medical profession and society at large. Cut-rate business methods are decidedly objectionable in our profession.

The medical practice law needs amendment as soon as the profession becomes united and earnestly advocates it and the public is sufficiently enlightened as to its necessity for their own protection. Such a law should protect the public and it ought to give just and proper protection to the medical practitioner. It requires him to pass a rigid examination that shows a thorough medical education at a high grade medical college. The requirements are eminently proper, but the State Board of Medical Examiners should prosecute and put out of business the multitude of quacks and pretenders who are fleecing the public and robbing the profession of rights and privileges that are theirs at great cost.

The gross abuse of medical charity through the admission of improper cases in our hospitals, dispensaries, etc.; the pre-

scribing by druggists and the enormous sale of proprietary medicines, some good, but the majority of them nostrums that are worthless and injurious; the fee-splitting between some specialists and general practitioners and the over-doing of specialism which is associated with discrediting of and injury to the general practitioners, are evils that have seriously affected the material interests of the profession and which call loudly for correction for the honor of the profession and the welfare of its members and the public.

The education of the public is a matter of supreme importance as is the thorough organization and unification of the medical profession. Our county and local medical societies need far more of the thought, time and effort of their members, not only for their advancement in scientific knowledge and the cultivation of the fraternal spirit, but also for the protection and increase of their material prosperity. We are living in a time of marvelous progress in all branches of medical science and art and the members of our profession need, as never before, to be thoroughly equipped and to be close and constant students in order to keep abreast of the times and we are compelled, in the midst of our abounding charity—exceeding that of any other body of men—to consider our material interests.

We shall refer to these matters of abuse of charity, education of the public and organization of the profession and also medical school inspection, hereafter, and in the meanwhile we ask special attention to Dr. Wescott's able and instructive paper on "Opportunities," on pages 183-185.

Secretaries and treasurers of the component societies are requested to send to the Secretary of the Medical Society of New Jersey the names of any newly elected members and of delinquent members who have paid their dues since their last report. The full lists are to be published in the October issue and it is important that the names of all members who are in good standing should appear in the lists of such members. Checks for the annual dues should accompany such reports.

While unable to explain and disclaiming responsibility for the error, the editor regrets that in the program of the last annual meeting of our State Society, page 11, and also in the Official Transactions, page 150 of our August issue, a mistake was made in the name of the author of the able paper on "The Object and Intent of Medical Inspection of School Children." It should have been Dr. Joseph MacDonald, Jr.

We acknowledge, with thanks, the receipt of scientific papers from Drs. F. H. Glazebrook, W. F. Gutherson, Julius Levy and R. H. Dieffenbach, and will give them as early insertion as possible. According to custom and propriety, the papers read at the annual meeting of our State Society have precedence and are inserted as rapidly as we can do so. Delays in return of proof sent for correction sometimes occasion delay in insertion. These papers are generally inserted in the order in which they were read, except where proof is delayed or the society otherwise directs, as in the case of Dr. Wescott's paper, which appears in this month's issue. We shall try each month to insert one or two of the other papers.

We thank Dr. Edward J. Ill for his communication which we insert elsewhere, giving an interesting and instructive account of the Carlsbad Springs, and we are glad that he has returned from his trip abroad with renewed strength. We wish others would follow his example and give us account of their visits abroad, especially those who have visited hospitals and clinics.

Correspondence.

Dr. E. J. Ill on the Carlsbad Springs.

Carlsbad, July 7, 1912.

Mr. dear Dr. English:

So much has been said for Carlsbad and of late so much against it by some of our foremost surgeons that it behooves one to study its value on the spot, so far as such study can be made in the short time of three weeks, which it was my fortune to spend here. I have come here without bias. I go bearing to Carlsbad and its methods its due. Carlsbad has been much overrated and much maligned. A clinical study by Dr. A. Ritter is published by the city authorities and can be had for the asking. The throngs that visit Carlsbad year after year must get some benefit or else they would stay away, nor is it likely that the one hundred and seventy doctors who practise at Carlsbad are all charlatans. Our profession as a rule consists of honest men everywhere in the world. I have seen patients who have come for ten and fifteen years

returning home with a lighter heart and springy step, but also with a lighter purse. What we call the ordinary comforts of a bath room are called luxury here and are very expensive. Everything else is in proportions.

One meets at the Springs the poorest of poor, sent by friends or even the community in which they live, in line with the European aristocrat, the bloated millionaire of our own country and the mistress by profession. All seek rejuvenation at the Hot Springs of Carlsbad. In this regard Carlsbad is democratic. The throngs begin at 5 in the morning and reach their height by between half-past 7 and 8 o'clock. I have counted as many as a thousand in line at a single spring and there may be a dozen such springs. When the cup has been filled the "cure taker" steps aside and while slowly walking about and listening to the music of an excellent orchestra, sips the hot water. Soon he will walk to a distant spring and take another cup. It seems to me it is this sipping of hot water and walking that is so beneficial. After beginning to drink it will be a full hour or more before a light breakfast is taken. The breakfast usually consists of bread, butter, a soft egg and milk, with a little coffee added. Now and then an excellent boiled ham is allowed. After breakfast walks through the beautiful forests surrounding the city are indulged in. The walks are excellently kept. Over sixty miles of walks belong to the city and are at the disposal of the "cure takers." The various springs all have reputations of their own. The difference, however, is simply in temperature which ranges anywhere from a hundred and two to one hundred and three degrees Fahrenheit. The chemical analysis is the same in all except that some contains more carbonic acid gas than others.

The climatic conditions leave much to be desired. Cold and heat rapidly interchange. There is much moisture and rains are frequent. The Germans and Austrians are fearful of this climate. They are apt to use overcoats, blankets and cloaks when we are just comfortable. So far as the climate is concerned we must most carefully warn patients who come here. In fact, this is no place for patients with delicate mucous membranes or catarrhal troubles of the air passages. Carlsbad has gained its greatest reputation from its influence on the diseases of the biliary tract. Diseases of the gastro-intestinal tract are also largely treated, as are diseases of a metabolic nature. This reputation is sustained by the best authorities of Europe. Looking over the lists of guests in the town I find the name of a very prominent Berlin surgeon who is here to take the cure.

I well remember during my early days when a student in the hospital of Vienna and Strasburg hearing such men as Carl Braun, Leyden, Gussman, Billroth, Kussmaul and others speak well of Carlsbad. At this time such an excellent gall-bladder surgeon as Riedel sends his patients to Carlsbad for treatment after gall-stone operations. It is not wise nor right to throw into the minds the opinions of men of such reputation, but rather learn from them for the benefit of our patients. Personally, I am not of the opinion that every gall-stone disease needs immediate operation. When it does it needs it badly and thoroughly. In other words, Carlsbad is no place for the severe forms of gall-stone disease.

During my stay here I have had the pleasure to meet the Doctors Greenberger, father and son, to whom I am indebted for much information. The elder gentleman, but by no means an old man, is the ideal doctor of the old type. His son is well versed in laboratory methods and supplements the riper judgment and the experience of the older doctor admirably. Doctor Greenberger assures me that he sends many a case home with the instruction to operate and that operation only will cure the patient. He considers it harmful to the reputation of Carlsbad to send such patients on.

Much that can be done in Carlsbad can be done at home. No doubt that the waters alone do not do all. It is the quiet exercise, the rigid plain diet, the early hours in the morning and early retiring at night that does much. One of the nuisances of Carlsbad, which has, however, found its counterpart in our own country, is the "urinalysis man." The patient takes his urine to such a laboratory and he gets a written report which he keeps in his pocket, now and then looks at it puzzled and worried, and which he does not understand. It must be a fruitful source in producing hypochondriasis. A urinalysis without a general understanding of the patient's condition means little or nothing. I trust my visit to Carlsbad may be of as much benefit to my patients as it has been of instruction to me.

Very truly yours,

Edward J. Ill.

Dr. Marcy Not a Candidate.

Dear Doctor English:

I have read your editorial in the August issue of the Journal, on "Medical Men in the Legislature," with interest and hearty approval. I only take exception to what you have to say about myself. I am not to be a candidate for the Senate. My friends in Burlington County were anxious that I should permit my name to be presented at the coming primary election, and they were most insistent and very complimentary, assuring me that my election was a foregone conclusion, but, after careful consideration, I declined to enter the contest.

My reasons were largely personal, but there were some that were not; e. g.: As a member of the Sterilization Commission, and of the State Board of Medical Examiners, I believe that I can be of more service to the State, as well as to the medical profession, than I could if I were a member of the Senate. For one to accept this high office, and give it the attention that it demands and deserves, means the practical retirement from the active practice of medicine. I am not quite ready to do that, therefore I declined the high honor which my fellow citizens desired to confer on me.

The opportunity for medical men to do good work in our Legislature is unquestioned, and there should be a number of such in each branch, but to serve the people in this position means to sacrifice much, both physically and financially, and there are few medical men in a position to do it. I hope the time may come when I can see my way clear to serve my fellows in such a capacity, and when it does more than likely they will conclude that there are others that can serve them better.

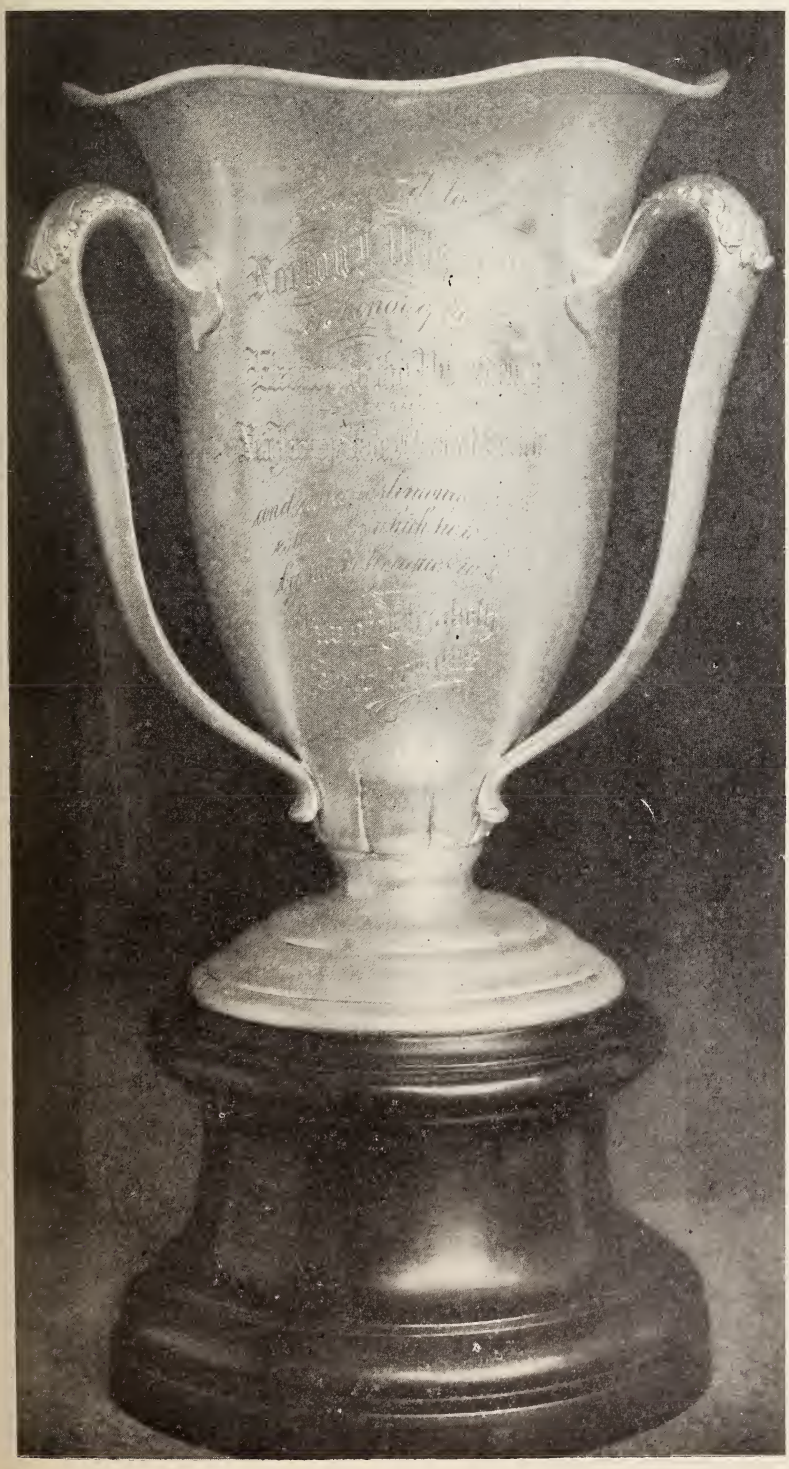
Sincerely yours,

Alex. Marcy, Jr.

DR. NORTON L. WILSON HONORED

Dinner in Recognition of His Election as President of the Medical Society of New Jersey.

A reception and dinner was given in honor of Dr. Norton L. Wilson, of 410 Westminster avenue, by his colleagues, Wednesday evening, July 17th, in recognition of his election to the presidency of the State Medical Society. After the dinner, which was in the Elks' Club, a large silver cup was presented to him by Dr. Victor Mravlag, the toastmaster, on which was engraved, "Presented to Norton L. Wilson in honor of his election to the Presidency of the New Jersey State Medical Society and as a testimonial of the esteem in which he is held by his colleagues in the City of Elizabeth." We insert a cut of it.



The entire affair was a surprise to Dr. Wilson, who knew nothing about the dinner until he arrived at the club that evening. A week before Dr. E. B. Grier, who is a neighbor, asked Dr. Wilson to attend a small dinner party that he intended to give at his house. Dr. Wilson accepted. So, Dr. Wilson went to the residence of Dr. Grier. There were thirty physicians present, all Elizabeth members of the State Society. Later Dr. Grier "discovered" that he was without some of the ingredients requisite to a cocktail and it was suggested that all go down to the Elks' Club in Dr. Schlichter's car. All assented with the exception of Dr. Wilson, who demurred, saying he would wait until their return. But after much persuasion he decided to accompany them. On their arrival at the club many other doctors were seen. By this time Dr. Wilson was a little suspicious of the cocktail excuse. Dr. Marvlag finally took Dr. Wilson into the next room and explained that the dinner was in his honor.

A sumptuous dinner was prepared, after which the cup was presented to Dr. Wilson with an appropriate speech by Dr. Mravlag. Dr. Wilson responded and told them of his appreciation.

Speeches were

made by Drs. Marvlag, Riley, Grier, Green, Dolan, Quinn, Wagner and the elder Dr. Livengood, in which all expressed their esteem for Dr. Wilson.

Later Dr. Wilson said: "It was not so much the honor of being the president of the medical society as it was to know that the men with whom I have worked day after day really think that I am worthy of their esteem, which I have always tried to gain."

EDITORIAL BRIEFS CONCLUDED.

We call special attention to the meeting of the Fifteenth International Congress on Hygiene and Demography, in Washington, D. C., September 23-28, 1912. It will be a memorable gathering of eminent physicians and sanitarians from all parts of the world and the program is the most extensive of all the congresses held. It is the first one held in this country and was invited here by President Taft, pursuant to a special act of Congress. President Taft will be honorary president of it.

We regret that the date of the annual meeting of the American Medical Association has recently been fixed for the same week that our State Society decided upon in June for our annual meeting. It seems to require a change of our society's date. The editor—as secretary of the Board of Trustees—is corresponding with members of the board and the hotel authorities. Probably one week later neither the New Monmouth nor the New Monterey at Asbury Park—both under the same management—could accommodate more than 250. We will make further announcement next month. In the meanwhile we will be pleased to hear from our officers and members suggestions as to time and place.

Conservation of School Children.

After all, the greatest asset that our country has is the youth of the land. Any plan of conservation that does not include the proper care for the young, fails of the greatest good.

Two or three years ago, the American Academy of Medicine brought the subject of infant mortality to the attention of the American people and, as a result of a conference, organized the American Association for Study and Prevention of Infant Mortality. This year it is devoting its mid-year conference to school children and their proper care. The conference is to be held at Lehigh University, South Bethlehem, Wednesday and Thursday, April 3 and 4, 1912, beginning at 2 o'clock on Wednesday afternoon, holding an evening session and a morning and afternoon session on Thursday. The principal subjects to be discussed are the care of backward and deficient children; the proper health subjects to be taught to children and how they should be taught; and the question of medical inspection. The papers already promised assure an excellent program and the Academy, desiring to afford an opportunity to all to share in its enjoyment and benefit, is inviting the profession and all who may be interested to participate. It will publish the papers and discussions in a separate volume from its Bulletin, which it will send to all who become members of the conference, whether in attendance or not. Membership is secured by payment of a fee of two dollars (or should any one desire the transactions bound in cloth, two dollars and a half). The committee having in charge the conference will be pleased to enroll members in advance of the meeting, to whom all information will be sent as issued. It will also file requests for the advance program to be mailed as soon as issued. It wil also file requests for the advance program to be mailed as soon as isued. Address all communications to the chairman of the committee, Dr. Charles McIntire, Easton, Pa.

Public Instruction in Medical Matters.

Report of a committee to the Medical Society of the District of Columbia, giving a plan for the furtherance of the education of the public in matters regarding its relationship to the medical profession, more particularly as concerns its own health.

(1) That the society organize one, two or more public lectures at which some eminent speaker should present in an authoritative way suitable subjects relating to the public health.

(2) That the society maintain a committee, the duty of which should be to supervise as far as possible items appearing in the public press bearing upon medical matters, to the end that such published articles might be correct and proper.

(3) That a committee be appointed to keep before the public by periodical bulletins in the local press the true facts about those medical questions upon which the public desires information which at present it often receives in a grossly inaccurate and interested fashion.

Naturally this committee, by medium of the permanent officials of the society, could be in touch with those editors who desire speedy and authentic information when interest is excited about matters which the medical profession is in the best position to clarify. In this way, without assuming the powers of press censors, which journalists might resent, the advisory function of the medical society would have great opportunity of exercise. While in this proposal there is no plan for public lectures, yet upon resolution of the society this function could be readily assumed by such committee were it desired. It is felt by many that this step is hardly expedient at the present time, while it is felt by nearly everybody that something ought to be done to extend the influence and prestige of our profession in the body politic, and to minimize the evils wrought to the public by the state of physiological ignorance which makes it such ready prey to the pretensions of the charlatan.

Work of this kind has been done during the last three years in Baltimore with great success. Many other cities have recently also taken up the work. The American Medical As-

sociation itself has organized an educational propaganda of this kind. The influence of such work in the legislative capital would be enormous, and it would be a pity to lose such an opportunity to signalize the first session of our reorganized medical body.

What a Father Would Tell His Son.

Dr. Ira T. Wile, in N. Y. Med Jour., notes the fact that nothing in regard to sex hygiene has heretofore been taught in the schools and he believes it devolves upon the father to instruct his growing son in regard to those matters which have so important a bearing upon his subsequent life. His own experience should fit him to be a guide for his son and he should encourage him in seeking knowledge which will inform him as to the care of his sexual organs and the care of his health in general. Stories about life in plants and animals will often prove very suggestive.

The hygiene of sleeping should be carefully attended to, courtesy to the entire female sex encouraged, and vigorous and fatiguing exercise recommended.

Teaching the evils of masturbation must not be shirked, and the physiological meaning of night emissions must be explained. The dangers of venereal disease must be pointed out and also the fact that except in very unusual instances sexual continence is not incompatible with good physical health. The education of children in sex hygiene should be supervised by parents from infancy to maturity.

The foregoing assumes, of course, that the father is competent to give his son this useful advice. As a matter of fact, we know that in many, perhaps the majority of cases, he is not. It would seem to us that perhaps for another generation this most desirable advice could best be given by the teacher or the family physician.

What a Mother Should Tell Her Child.

From the N. Y. Med. Jour.

Dr. Mary Sutton Macy answers this query by saying the truth, though not necessarily the whole truth. When the baby of three or four years of age asks the mother where he came from, let her take him into her confidence and show by the analysis of plant life, of seed and flower, how life in human beings also is propagated. If the mother does not know the answer to such questions she should find out as promptly as possible. When the age of eight or nine is reached the confidence of the hour of bedtime may be increased by simple information in anatomy and physiology.

Children should be warned against evil companions and the misleading stories which are so often told by them and encouraged to come to the mother for the answer to the sex questions which come crowding upon them.

When puberty arrives the girl should be plainly informed as to the meaning and importance of menstruation and the boy should be cautioned against the vices and sins by which he will be tempted.

The truth should be taught directly and the fact should ever be remembered that a child asks questions because he thinks, and he is entitled to information especially from those who are responsible for his existence.

Any comment would be the same as for the article which precedes this one that a greater degree of intelligence and a greater power of expression is assumed for mothers than most of them possess.

By all means let us insist that this important information be given but by one who not only can answer the questions of the child but can meet his objections if the answers seem unsatisfactory.

Increase in Number of the State's Wards.

Statistics compiled in the office of the Commissioner of Charities and Corrections at Trenton show that in the month of May there was a net increase of 120 in the number of wards of the State. The total enrolment on June 1 was 11,460 as against 11,340 on May 1.

The enrolment of May 1 was made up as follows: Insane, males 3,230, females 3,377, total 6,607; feeble-minded and epileptic, males 425, females 509, total 934; criminal and delinquent, males 2,388, females 253, total 2,640; sick, aged and blind, including soldiers and sailors, males 844, females 315, total 1,159.

During the month additional cases were received as follows: Insane, males 98, females 97, total 195; feeble-minded and epileptic, males 15, females 2, total 17; criminal and delinquent, males 144, females 20, total 164; sick, aged and blind, males 40, females 18, total 58. The total number on record during the month was: Insane 6,802, feeble-minded and epileptic 951, criminal and delinquent 2,804, sick, aged and blind 1,217, making a grand total of 11,774.

The loss of population during the month by death was 68. This was composed of 45 insane, 10 feeble-minded and epileptic, 3 criminal and delinquent and 10 sick, aged and blind. There were discharged during the month 245, as follows: Insane 52, feeble-minded and epileptic 4, criminal and delinquent 134, sick, aged and blind, 55.

The enrolment on June 1 was distributed as follows: Insane, 6,705, a net increase of 98; feeble-minded and epileptic, 937, a net increase of 3; criminal and delinquent, 2,666, a net increase of 26; sick, aged and blind, 1,152, a net decrease of 7.

The distribution of the various wards among the institutions is also shown in the statistical summary. The insane are distributed as follows: State Hospital at Morris Plains, 2,296; State Hospital at Trenton, 1,509; Atlantic County Hospital, 99; Burlington County Hospital, 179; Camden County Hospital, 236; Cumberland County Hospital, 144; Essex County Hospital, 1,537; Hudson County Hospital, 706.

Feeble-minded and epileptics are thus distributed: Pennsylvania Training School, 1; New Jersey Training School, 322; Home for Feeble-Minded Women, 237; State Epileptic Village, 377. Criminals and delinquents are divided as follows: State Prison, 1,446; Rahway Reformatory, 508; State Home for Boys, 502; State Home for Girls, 210.

The sick, aged and blind are divided among the following institutions: Kearny, Soldiers' Home, 568; Vineland Soldiers' Home, 345; Tuberculosis Sanatorium, 170; Bide-a-Wee Home, Trenton, 18; Children's Home Society, Trenton, 1; Alexian Brothers' Hospital, Elizabeth, 2; New York Institute for the Blind, 24; Pennsylvania Institute for the Blind, 16; Arthur Home, Summit, 8.

At the close of the month there were many applications for admission to institutions for defectives pending. They included 155 feeble-minded children, 4 feeble-minded women, 2 blind, 5 incurables and 37 epileptics, a total of 203. The number of applications pending serves to emphasize the crowded condition of many of the State institutions.

Editorials from Medical Journals

Present Styles of Female Dress.

(From American Medicine Editorial.)

Alas, the feature of female dress which have served a legitimate purpose as long as they have not transgressed the bounds of decency and modesty, have for some time been tending to an accentuation and exaggeration of certain details * * * that are disgusting to every decent instinct. They are a pitfall and a menace to the innocent and virtuous female, and as such are intolerable for our. daughters, sisters and womankind in general.

One has only to stand on a main thoroughfare in any large city, the article continues, to recognize the evils presented by these monstrosities of modern feminine apparel. * * * Surely it cannot be that our girls and young women are losing their moral sense of lowering their standards of virtue? No, it is not this —yet. At present the disgusting and depraved methods and styles of dress that are so deserving of criticism are attributable solely to a desire that so many young girls and women have of being modern and up to date, to be just a little more daring or "risque" than their associates. Thoughtlessly they adopt extremes and give no consideration to the spectacles or freaks they become.

The great evils of present-day styles of feminine dress are, therefore, the wrong impression they give of good, pure girls, the invitation they let innocent women offer to insult and attack, and finally their indisputable tendency to lower or destroy ideals of womanly modesty and self respect—which, after all, are just about the best armor that virtue and chastity ever had, or ever will have. What an illustration of the irony of fate it will be if modern woman, in her frenzied effort to win favor in the eyes of the male sex, adopts the latest and most brazen styles only to find that she has sacrificed the qualities of modesty and reticence that alone can make her attractive to the men worth while.

Medical Defense.

From the California State Journal of Medicine, July, 1912.

Some insurance companies selling medical defense policies have written to our members telling them that medical defense by the State Society is worthless, or nearly so, and that their own attorneys were the only ones that know all about the law. As against these carefully worded, malicious, lying letters, it is not unbecoming to place the following letter from a member of the society who was recently sued for alleged malpractice and successfully defended. The "two other attorneys" were retained by this physician before he remembered that he was entitled to defense by the State Society. For obvious reasons the names are not mentioned:

"In commendation of the work done for me and for the society by your representative, Mr. ———, in the case of Blank vs. Blank, I must assure you that Mr. ——— exhibited untiring energy and superior ability, and while I had employed two other attorneys, Mr. ——— was the general and did practically all the work in the court room."

Remember that this medical defense by the State Society is merely co-operative protection against blackmail; the members of the society are helping to protect each other. No member knows when he himself may be the defendant in an action of this sort. Therefore, see that you keep your dues paid up; and, also, see that you help your fellow member. If he is sued and needs your expert testimony, give it and give it cheerfully; some day you may need him to do the same thing for you. Do not look upon the giving of expert testimony for the society as something for which you should be paid. You are not doing it for a rich corporation but for yourself; you are helping to protect yourself against blackmail—for that is what 99 out of 100 malpractice suits really are; attempts at blackmail. A number of the suits we have successfully defended have been brought by people who wanted to get out of paying their physician. He sued for his bill and they sued for malpractice; we want the suits; the society defended the member and won out. It is time the good old game of "bilking the doctor" was stopped, and that is just what the society is doing; stopping it; making it possible for the physician to sue for his just bill without being afraid of a cross-complaint in which the patient alleges malpractice. Do insurance companies do that? Ask Dr. Magee, of San Diego. Is it worth while to remember to keep your dues paid up and be at all times in good standing? Ask Dr. Mercer, of Eureka. If we just stick together and help each other, this game of "bilking the doctor" will be forgotten, in California.

Cancer in Scotland.

From the Medical Record, July 6, 1912.

Scotland is a small country, but nowhere in the world, not even in Germany, which has recently been so extravagantly lauded by a Carnegie Foundation investigator for its thoroughness and achievements in scientific research, is medical education at a higher standard or are medical men more able and progressive. Consequently the paper read recently before the Royal Society of Edinburgh by Sir George Beatson on the cancer statistics of Scotland from the year 1861 to 1900 is worthy of careful consideration. In the last decade considered, 1891-1900, cancer accounted for 30,908 deaths, or 3.95 per cent. of the total. The mortality from cancer between the decades 1861-1870 and 1891-1900 increased from 3.964 to 7.274 per 10,000 people living, the rate of increase being accelerated from decade to decade. Dealing with the distribution of cancer Beatson stated that no general conclusion could be drawn as to the incidence of cancer in districts. The principal towns compare unfavorably with other districts, and among them Edinburgh stands above and Glasgow below the others. In conclusion, he confessed that the statistics did not tend to any definite results, apart from the fact that an increase in the disease, especially as affecting

males, was proven. It also seemed clear that cancer was not affecting young people more frequently than formerly, in spite of the assertions of Mitchell Banks and others. The fatal incidence period in woman is from 35 to 45, and in men from 45 to 55, corresponding with the different site of the disease in the two sexes. Cancer as a disease occurs not in the decline of life but on the cessation of reproductive life. Climate and geological conditions do not affect the question. Whether so-called "cancer homes" are instances of coincidence or not is not settled. The only preventive measure which suggests itself to Beatson as of any value is notification which would give more accurate information as to where the disease arises. One other thing is needed in Scotland, and that is research work on the disease, special laboratories, clinical research in cancer hospitals, and systematic investigation generally into the causes, prevention, and treatment of malignant growth. The conditions in Scotland as regards cancer appear to be similar to those in most civilized lands. Statistics tend to show that the disease is increasing, although the very fact of keeping statistics is in itself a means of magnifying the menace of cancer. As for researches into the origin of cancer, the best that can be said is that the mystery gives promise of solution at no very distant day. With regard to treatment, too, the surgeons are probably quite correct when they contend that operation when such is possible is the only method at present known for curing cancer, but even then a return is far from unlikely.

Notification of Venereal Diseases.

From Med. Press and Circular, London.

To the ordinary mind venereal prophylaxis includes State regulation of prostitution, a measure which has been hastily condemned by moralists, and has met with so much opposition that one often fears that venereal disease will be allowed to spread without impediment, to the inconceivable detriment of the public health. It is an old rule in medicine that when we cannot treat the cause of a disease we can always treat the symptoms. In the case of venereal disease, the cause is apparently at present beyond our power of control, but we may with profit limit its manifestations. To this end the early diagnosis and efficient treatment of all cases of venereal disease are essential, and just as important is the prevention of contagion. To carry out these aims with any prospect of success, notification is a necessary measure, and the Board of Health of New York City has taken action in a manner which should receive the careful attention of sanitarians in this country. It has been decided that those in charge of public institutions, such as hospitals, dispensaries, charitable and industrial institutions, including those which are supported in full or in part by voluntary contributions, shall report promptly to the Department of Health the name, sex, age, nationality, race, marital state and address of every patient under observation suffering from venereal disease. In addition, all physicians are requested to furnish similar information concerning private patients under their care, except that the name and address of the patient need not be reported. The Board of Health will undertake to make the necessary bactriological examinations and tests for diagnosis, and to distribute curative sera, but only on condition that the data required for the registration of the case be furnished by the physician treating the patient. This is a step in the right direction, but we fear that it is in advance of what public opinion in this country will sanction.

Soap as a Therapeutic Agent.

From Monthly Cyclopedia and Med. Bulletin.

A vast amount of instruction as to the therapeutic advantages of soap is being passed over to a somewhat unappreciative public. Several well-known firms, evidently supplied with abundant capital, are engaged in this glorious campaign of education. The impression one would naturally gather from this advertising is that soap stands first among all the agencies of health.

These evangelists of Hygeia make very plain to those simple souls who can be influenced that to smear a few cents' worth of soap over one's person every twenty-four hours is the surest way to become a centenarian.

These marvelous discoveries, however, do not seem to have been shared by the medical profession, who, while recommending abundant bathing for purposes of cleanliness and exhilaration, have little to say about soap, except perhaps to offer an occasional warning against its unnecessary use, the effect of which, it is well known, is to exert an unfavorable influence upon the skin.

The soap advertisements are simply one example of the mischievous tendency of certain manufacturers to attempt to secure a wider sale of their product by sophistical claims as to their healthfulness.

Some time perhaps an enlightened public opinion may take steps to regulate this abuse of the public confidence which are badly needed.

Our Old Friend an Enemy.

From the Maine Medical Journal.

In good old New England it is almost sacrilege for one to raise his voice against that sacred article of diet, the baked bean. From our forefathers it has been passed down that each Saturday night and Sunday morning the waxy, steaming beans shall adorn the centre of our table.

In truth much can be said in favor of the pea bean. It is a sort of "multum in parvo" as regards nourishment, containing about as much proteid and hydrocarbon in a small package as one could wish. Again, beans are cheap, no matter what the price of beef; and also most of us think they are mighty good eating when well soaked and baked with molasses and possibly a dash of mustard. Should visitors drop in there are always enough beans to go around. This makes it easier for the housewife, as does also the fact that the left overs can always be warmed up to quickly fill in a meal later in the week. Lastly, the term Boston prefixed to Baked Beans is a guarantee that there is no gainsaying. A New Englander traveling in the South or West cannot but feel his mouth water upon seeing the three B's on his hotel menu and he will almost inevitably order beans, though he knows the brown and savory home product will be substituted by pale, anemic specimens which have never seen a bean pot.

Now, as Dr. E. F. Bowers, of Hartford, Conn.,

says in speaking of the bean diet, "let us have the truth though the heavens fall," for it is not that we ourselves love the bean less but mankind more. The dietetic value of the bean must be measured by the capacity of the digestive tract to handle and assimilate it. Dr. Bowers says in part that beans in common with nuts and other legumes contain an acid principal which no amount of cooking seems to eradicate. This, in certain people, amounts to almost a poison, producing acute gastric and intestinal disturbances. We all know how often beans produce flatulence, "heart burn" and indigestion. "This point," Dr. Bowers goes on to say, "has been pretty thoroughly worked out in the lumber camps, armies and boarding-houses, where men congregate to do or die, and the universal cry has been for surcease where the brutality of excessive beanosophy has been persisted in for any length of time."

The bean in the year's run sends many a dollar rolling into the physician's pocket, especially where it travels in Sunday morning array with its indigestible companions of pork and brown bread. Possibly the lethargy noted by many ministers in the Sunday morning flocks may be due to nothing else than beans, and we would suggest that the clergy might well join with physicians in petitioning Mr. Rockefeller to establish a fund to ring the knell of this hook-worm of New England.

Some Health Officers—and Others.

(Journal of the South Carolina Medical Assn.)

A few days ago the writer was told a tale of a certain health officer who was doing his duty, and of the difficulty he was experiencing in the enforcement of his decrees—a most refreshing story of a determined man working for the benefit of an unappreciative public. In brief, the tale is that of Wilmington's experiment in commission government with the usual primary difficulties the commissioners are meeting in enforcing sanitary laws. We hear that the able sanitarian they have placed at the head of their health department has been stepping on toes right and left in forcing numerous changes much needed, but, nevertheless, rather unpopular with a number of the parties directly affected. For instance, we are told that in the short space of three months he has forced dealers to screen meat and vegetables, etc., from flies, ordered surface privies removed, caused the removal from the city limits of cows and hogs, forced proper care of manure heaps and stables, and now has opened a fight on the public water supply, which is in danger of sewerage contamination.

His activities have seemed pernicious to those whose toes he had stepped upon, and we are told that his recall has been demanded. However, he refused to resign, and we are delighted to hear that his recall has not taken place. This shows that the majority of people in Wilmington are sane, and have the public welfare at heart. It speaks well for them that they are willing to give such a man a free hand in spite of the opposition of interested parties, and in spite of some considerable initial cost to the commonwealth. We commend heartily any health officer who does his work as we hear this one is doing his and congratulate the city of Wilmington on being served in so able and disinterested a manner.

Scattered throughout this country there are numerous cities each with its health department, and each with its health officer. In the majority of cases the health department is so hampered by politics, and the health officers so bound by rules that both are practically helpless. In some cities the men in charge of sanitation are merely figureheads, with no power allowed them; in a few, though nominally allowed a certain amount of power, they are balked by public opinion at every turn till they become disheartened and in a very few cases they are given proper scope. When proper power is given them it is still hard to get a man properly qualified to enforce the laws, as in so doing, he is bound to hurt some one's feelings. Whenever we meet or hear of such an officer well qualified to attend to his duties and given power to enforce necessary rules and regulations, we feel like congratulating both the city and the man.

It is with deep regret that we acknowledge that most of the hampering of public health officers comes indirectly as a result of the position taken by the medical profession itself. We are greviously at fault in our stand many times when we allow our individual interests or else our patients' interests to bias our judgment of what is owed to the public. For instance, we may want to have our own cows or horses in the corporate limit in the good (?) old way. We may want to have plumbing bills on our servants' quarters, we may have patients who eke our their being with the assistance of a few cows and hogs, or some who have small butcher shops, and we let these little private interests bias us.

We are asked, should we fire Jones for having an open privy in his back lot, and run Peter's cows out of town, and make Brown, the little green grocer, wire in his little butcher shop, and kill three of Mrs. Jackson's five cows, for they have reacted to the tubercular test? Now, you know that Jones has typhoid fever in his family and has been in poor health himself with intestinal tuberculosis—he is barely able to pay his grocer and his rent. You have been treating his family for a long time as pure charity, and you know that proper plumbing placed in his little cottage would cost more than he can afford, and you say, "No." And, too, you know that Peter is in poor circumstances, a hard-working man with a small income, that his cows furnish enough milk to make the difference between penury and comfort to him and enable him to pay your bills—and you are strongly tempted to say "No" to his case. Again, Brown is on the ragged edge of failure and Mrs. Jackson is a poor widow with two or three children to support—to enforce the laws means more privation to all of them—and what will you say? Probably "No."

This is all very well and is quite charitable in a small way—the sort of charity that sends American beauty roses and the latest de luxe edition to people dying of ennui, but forgets to send bread to the tenement starvers next door, or rather more closely, the sort that prevents one from shooting the mad dog heading for a group of small children, because you are sorry for the poor dog. Jones' privy, Peter's fly-breeding cow yard, Brown's fly-specked meat, or fruit, and Mrs. Jackson's tubercular milk form a most hellish combination for the slaughter of innocent victims.

Editorials from the Lay Press.

Making Drug Drunkards.

(From the Hudson Observer, June 11th.)

The New Jersey Pharmaceutical Association, at its session in Atlantic City, which closed on Saturday, took action to protect unfortunates from acquiring the drug habit, thereby showing the self-abnegation of the members, who are willing to reduce their income to save the weak. They have decided to seek legislation to prohibit the sale of patent medicines that contain alcohol in large quantities and cocaine and opium.

The sale of these drugs by the pharmacist is unlawful except on the prescription of a duly registered physician. But they are contained in the patent remedies, the sale of which is not restricted, especially when they bear the label, "Guaranteed under the pure food act."

In discussing the proposed legislation, it was stated that some of the proprietary medicines are composed of one-half alcohol, about ten times as much as would be found in the same quantity of lager beer. Many worthy persons who bitterly denounce the rum traffic have acquired the drug habit and are taking their tipple out of the patent medicine bottles.

If the pharmacists make a vigorous effort they will secure the needed legislation, but they will have to fight the wily agents of the patent medicine compounders who are making fortunes with their booze and dope productions and making drug drunkards.

Sterilization of Defectives.

(From the Camden Daily Courier.)

The law creating a State board for the sterilization of imbeciles, passed at the recent session of the Legislature and approved by the Governor, is to be tested in the State Supreme Court. Counsel for an inmate of the Rahway Reformatory, selected to undergo the sterilization process, has instituted proceedings questioning the constitutionality of the law, on the ground that it violated the constitutional prohibition against infliction of cruel and unusual punishment. Although it is an unusual method for safe-guarding society, it is no more to be deplored than is vivisection to determine the cause and cure of disease generally or vaccination to prevent the spread of smallpox. Hanging a criminal is bad enough, but there are many who look upon the electric chair as a more cruel form of punishment. Yet the States are gradually adopting the later method of disposing of murderers, because it is quicker and less painful than strangulation by the rope. As for the sterilization of defectives to prevent the production of future crops of degenerates it seems to be the only sure way to reach the result desired.

Not Price, but Quality.

(From the Newark Evening News, July 20.)

The Board of Freeholders should understand, if they do not, that price is about the last factor to determine the source of the milk supply of a great institution like that at Overbrook.

In a general way price varies with quality in all merchandise, milk not excepted. Every appliance in a dairy which makes for clean, wholesome milk costs more or less money. The same is true of the methods which differentiate the good dairy from the bad. These statements apply also to the handling of milk between the dairy and the home of the consumer.

A low price is the most frequent pretext for unclean milk. It is also the most convincing reason therefor. High-priced milk has a presumption in its favor that is only to be overcome by positive evidence to the contrary.

The inmates of the Overbrook institution are entitled to milk of unexceptionable quality. They are ill. They are helpless wards of the State. The obligation to furnish them a diet that does not conduce to physical disease is, therefore, doubly imperative. It is a crime, in fact, to give abounds in the germs of dirt. Such milk, if furnished to the institution free, would probably cost a price in suffering and death that is not to be reckoned in dollars and cents.

For this supply the quality should be the governing factor. The price is but a secondary consideration. If the board is entirely satisfied that the present milk is below standard and not clean it should immediately secure a better supply, no matter what it costs or who furnishes it. The only conceivable situation in which price should influence the decision at all would occur shouid two dealers offer milk equally good.

Therapeutic Notes.

Acne Local Treatment of.

After cleansing, the patient should apply on cotton either resorcin, one-tenth to one-half per cent.; thymol, one-fourth per cent.; or salicylic acid, one-quarter to one-half per cent. Following this, apply as an ointment:

Resorcin, gr. xv.
Precipitated sulphur, gr. xxx.
Green soap, ʒv.
Petrolatum, ʒv.

or

Sulphur, gr. xxx.
Salicylic acid, gr. xv.
Tincture of benzoin, m. xv.
Petrolatum, ℥i.

After the ointment has remained on the skin for an hour or two, the irritation which it causes is removed by the application of a soothing cream of wool fat, rose water ointment, or by an ointment containing zinc oxide and bismuth subnitrate.—Critic and Guide.

Aural Disturbances in Hereditary Syphilis.

I. W. Voorhees, in American Journal of Dermatology for April, 1912, referring to this subject, states that the best results obtained with salvarsan are seen in congenital lues. If mercury is used, inunction is probably the best method of introduction, but the benefit may be only temporary, the condition becoming as bad as ever after a few days. Hydrargyrum tannicum may be given internally. For administration of mercury by the injection method, the salicylate is probably best:

℞ Hydrargyri salicylici, 2 grammes.
Petrolati liquidi, 20 grammes.
M. fiat solutio.

One-half c.c. of this may be injected every fourth day into alternate quadrants of the buttocks.

Injections of pilocarpine hydrochloride are also very useful in hereditary syhpilis.

Eclampsia, Stroganoff's Treatment of.

Stroganoff's treatment of eclampsia is based on the administration of morphine, chloral hydrate and chloroform according to a precise system, the aim of which is not merely to palliate but to prevent the development of the convulsions. The patient is isolated in a dark room in order to reduce external stimuli to the minimum, and is kept partly under the influence of narcotics throuhout. Reflexes are further inhibited by administering 20 m. of chloform when catheterization, disinfection or enema is necessary, and even a hypodermic injection of morphine is preceded by inhalation of chloroform. At the beginning of the treatment 0.015 gram morphine is given; after 1 hour, 2.0 grams chloral; 2 hours later, 0.015 gram morphine; four hours after this, 2.0 grams chloral; six hours later 1.5 grams chloral; and the latter dose repeated eight hours thereafter. The chloral is usually given with milk or barley broth as an enema. The convulsions gradually diminish and usually cease after the above treatment, if it is carried out with careful attention to every detail, but the chloral should be continued in doses of from 1 to 1.5 grams three times a day on the following days and even after birth. As soon as the canditions are favorable to both mother and child, labor is induced, and, if there are no contraindications, the membranes are broken. When the convulsions resist treatment, Stroganoff resorts to forced delivery, but he has found this necessary only once.

Gastric Ulcer, Treatment of Three Main Symptoms.

Dr. M. Loeper, in Progres Medical, say these three smyptoms are hemorrhage, vomiting and pain. The treatment of the first is the most important part of the treatment of gastric ulcer. The essentials of this treatment are: Complete rest in bed, ice per os or in local applications, hot rectal injections, and drugs. In subacute hemorrhages perchloride of iron or bismuth salts may be useful; but adrenalin, chloride of calicum and gelatin are certainly better and may be given per os with excellent results in all cases of hemorrhage. Ergotin, ergotinin, or adrenalin hydrochloride may be given in hypodermic injections; their action is rapid but temporary and often there is a recurrence of hemorrhage soon after their use. Horse serum or normal saline solution are also useful, the former in hemorrhages of long duration where there are distinct modifications of the blood, the latter in profuse or prolonged hemorrhages to make up for the loss of fluid of the system. Gelatin solution may also be tried hypodermically, but it seems to be less used nowadays than some years ago. The food must be as bland as possible, and Lœper is distinctly in favor of the old-fashioned milk diet for at least four weeks; however, when the hemorrhage cannot be checked rectal feeding must be tried. Vomiting must be checked by external means and cold applications (ice, ether, etc.), since the analgesic mixtures taken per os are likely to cause vomiting. Alkaline powders are very often of great value and generally well borne. For hypodermic injections, a mixture of atropine and morphine gives excellent results in most cases. Nitrate of silver may also be of use, but it is likely to give an extra stimulus to the mucous membrane of the stomach which is already so irritable.

Gonorrhoea—Internal Treatment.

The following is credited to Cremer in the Journal de Medecine de Paris:

℞ Phenyl salicylate,
Hexamethylenamine, of each, gr. vj.
Oil of santal, gr. iij.

M. et ft. capsulæ no. xxv. Sig: One or two capsules to be taken every two hours.—So. Clinic.

Herpes—Alum in.

George O. Williams, of New York, has found a saturated watery solution of alum practically a specific in herpes, applying it even to the conjunctiva or the cornea. The results have been most satisfactory. This is especially noteworthy in view of the fact that the applications ordinarily employed for herpes are of very little use. This very annoying and disfiguring malady usually runs its course unaffected by treatment. —American Journal of Clinical Medicine.

Inflamed Gums in Teething.

Potassium bromide, gr. xv.
Sodium borate, gr. xxx.
Tincture of crocus, mx.
Glycerin,
Water, aa, ℥ss.

To be applied several times a day.

Insomnia—Chronic.

Dr. Gudden, in Muench. med. Woch., No. 2, 1912, speaks of adalin, the new sedative and hypnotic. He says the chief indications for the use of adalin are cases of chronic insomnia due to neurasthenia, hysteria, cardiac neurosis, organic heart lesions, mania, dementia precox and the like. As adalin is absorbed slowly from the digestive tract, especially if given in cold water, Gudden advises its administration in divided doses, i. e., 0.25 to 0.5 grm. three or four times daily. It may, however, be given in doses of 1.0 to 1.5 grm., in hot water or tea, an hour before retiring. It then usually produces satisfactory sleep. Its advantages are its low toxicity, the absence of unpleasant after effects, and the fact that it does not result in the establishment of a habit even when given repeatedly.

Our own experience with adalin has been very satisfactory. We give three 5-grain tablets an hour before bedtime. The best results we have seen in insomnia due to worry, exhaustion and the like.

Nephritis, Chronic—Treatment of.

Dr. Von Romberg, in Deutsche med. Woch., calls attention to the two trains of symptoms which characterize this affection. One consists of alterations in the urinary functions and the other of the systemic reactions to the renal lesion. The appearance in the urine of albumin, blood, cylinders and renal epithelia, however important it may be, does not furnish us with therapeutic indications nor does it enable us to measure the severity of the affection. Of more significance from this viewpoint is the total amount of water and sodium chloride eliminated. Oliguria implies that the renal blood ves-

sels and especially the glomeruli are seriously compromised. Polyuria signifies the converse and that the vessels are oversensitive to diuretic stimuli. The excertion of sodium chloride furnishes a measure of the integrity of the canaliculi. The phenomenon of uremia is now known to occur in kidneys which are able to excrete normally the water and chlorides, and the same is true in a less degree of the phenomenon of edema. Increase of blood pressure is not a phenomenon which furnishes therapeutic indications, but if cardiac weakness develops the reverse obtains. In renal insufficiency we should limit the ingesta, notably the fluids, nitrogen, and all condiments and drugs which may directly irritate the kidney. The salt must also be cut down as much as the patient can well tolerate. The patient, if he has been very active, must cut down his daily output of energy and give himself special rest periods. The day of the eliminative treatment appears to have passed in simple renal insufficiency. This applies to Turkish baths and mineral water cures, both of which are now regarded as urgently contraindicated. The same proscription even applies to the customary sojourn in warm climates. Whether in renal insufficiency the organs may be roused to greater activity without prejudice is a disputed question. This would be effected by drugs which dilate the renal arterioles, such as the xanthin synthetics. Digitalis is naturally confined to cases in which weak heart is a complication. Calomel is no longer used because of the possibility of setting up mercurial nephritis. Uremia is an affection to be treated directly of itself as a toxemia, not indirectly by influencing the renal function. For convulsions the patient should be bled freely and the future may accept lumbar puncture as a remedy. Sweats and purgation, the author has abandoned. The individual manifestations of uremia may be met symptomatically — dionin and codein for the asthma, laudanum for the nausea and vomiting, and bromides and veronal for the nervous excitation. Naturally the treatment of the renal insufficiency is maintained in the presence of uremia, just as in its absence.

Nephritis—Diet in.

Dr. Kakowski, in Berliner klin. Woch., writes largely in the interest of tomatoes as a dietetic article in the various forms of chronic nephritis. The main reliance is placed on the following foods: Milk, milk porridge, butter, black and white bread, macaroni, potatoes, oatmeal and analogous substances. The tomato is abundant, cheap and easily preserved. It may be prepared in a great variety of dishes—may be eaten raw in substance and juice, made into sauces, soups, etc. Canned tomato soup is specially recommended. This is sometimes falsified or intentionally combined with pumpkin, pears, etc., and coloring matter added to stimulate the full tomato color. The product, however, is not injurious. Tomatoes are recommended for gout as well as nephritis. The composition of the fresh article shows that it is remarkably poor in nitrogen, and contains but a little over 6 per cent. of solid matter, over half of which is sugar. The acidity is due to citric and malic acids. Tomatoes are very poor in saline matter and this poverty in salts and nitrogen is believed to render them of value in nephritis. No definite ration is prescribed beyond the fact that the substance should be eaten three times daily in company with bread. Besides their food value they give zest to insipid foods like bread and macaroni, and are even believed to have alterative powers.

Neuralgic Pains—Treatment of.

Dr. Hirtz, in Paris medical for February 24, 1912, gives a number of formulas of preparations for external use in neuralgia.

1. Bourget's ointment:
   ℞ Salicylic acid,
   Oil of turpentine,
   Hydrated wool fat, of each 10 grammes.
   M. ft. unguentum.
2. Where the condition is suspected to be of gonococcal origin, the following liniment may be applied twice daily:
   ℞ Guaiacol, 5 grammes.
   Methyl salicylate, 15 grammes.
   Oil of hyoscyamus (one part leaves to two of oil), 30 grammes.
   M. ft. linimentum.
3. The following should be well shaken before use:
   ℞ Guaiacol, 2 grammes.
   Tincture of belladonna, 10 grammes.
   Oil of hyoscyamus, 30 grammes.
4. Another combination is:
   ℞ Guaiacol, 2 grammes.
   Methyl salicylate, 10 grammes.
   Liquid petrolatum, 40 grammes.
   M. ft. unguentum.

Internally, the following preparation may be used:

℞ Citrated caffeine, 0.10 gramme.
Quinine valerianate, 0.15 gramme.
Acetphenetidin, 0.20 gramme.
Antipyrin, 0.30 gramme.
M. ft. pulvis unus.

This should be enclosed in a cachet. One or two such cachets may be taken daily.—N. Y. Medical Journal.

Sexual Impotence—Treatment of.

Dr. Lissmann, in Munchener med. Woch., June 13, 1912, says progress in clinical medicine tends to cloud and complicate this subject:

The urologist and neurologist each claim the latter as their own, so that it has become a borderline study, developing in two opposite directions to its own detriment. The author is a neurologist, but is favorably impressed with Cathelin's epidural injection treatment in which the erection and ejaculation centers in the cord are directly stimulated or irrigated. Cathelin, who used only indifferent fluids, ascribed the favorable result to a vertebral trauma. The author added yohimbin to the ordinary saline fluid injected and has used the method with marked success in a number of cases of prolonged impotence in otherwise healthy men, after having first satisfied himself that there was actual exhaustion of the erection center. Ordinarily psychic impotence could readily be excluded by the total absence of morning erections. The benefit derived persists for some weeks. The treatment seems to be contraindicated in precocious ejaculation cases. If a middle-aged man is able to copulate successfully once or twice a week, he should be satisfied, as no treatment can be expected to give the potency of youth. Yohimbin has proved to be

of great value to the breeder and veterinarian, but its action in man when given by the mouth or even subcutaneously is likely to disappoint. Naturally in the author's method we cannot decide as to how much of the benefit is due to yohimbin, for the Cathelin injection alone has given good results, although inconstant. With the combination the author has thus far had but one actual failure.

Medico-Legal Items.

Testifying as to Cause of Condition.

A physician may testify that from facts stated in his opinion, in answer to a question whether or not an accident, such as a fall, could have caused the condition in which he found the person injured, whether such condition could or would result from such facts.—Galveston, etc., Ry. Co. v. Greenig, Texas Court of Civil Appeals, 142 S. W., 135.

Expert Qualification as to Effect of Blow.

In a prosecution for assault with intent to murder a regular practising physician was held to be qualified to testify as an expert upon a hypothetical question as to what would be the effect of a blow on the head with a given instrument, with which it was shown the assault was made.—Lacoume v. State, Texas Court of Criminal Appeals, 143 S. W., 626.

Unjustifiable Cruelty.

In December, a Dr. Johnson, connected with the Pacific Wassermann Laboratories, was arrested by Humane Officer Hennesy for cruelty to an animal, to wit: cutting off a goat's ear in order to secure blood for laboratory work. The case was heard before Police Judge Shortall, and at the first hearing several doctors were present, among them Dr. Hunsaker and Dr. V. C. Thomas, and some of these gentlemen stated that anesthetics were never administered to animals at any college or hospital in the country. At the second hearing a certificate was presented from Dr. A. W. Lee, of the University of California, showing that ether is always used prior to withdrawing blood from the jugular vein of a sheep, and for all similar work. Dr. Dudley Tait testified to the general use of anesthetics for such work, the effort of the A. M. A. to promulgate all humane treatment of animals in experimental work, and stated that, in his opinion, "nothing will more retard the progress of medicine and its benefits to humanity than the introduction of cruel methods in animal work." The Judge stated he had consulted a distinguished surgeon who expressed the opinion that Wassermann tests were invaluable, but that it would be more cruel to give an animal an anesthetic than merely to cut off its ear! This is certainly a most curious opinion. The Judge complimented Officer Hennesy upon his diligence, but dismissed the case, stating that from the conflicting testimony he could not tell whether there had been any cruelty or not. It is just these rare cases, where some one without due regard to the important nature and consequences of the work he is doing, is cruel to animals, that furnish the ammunition for the anti-vivisectionists. As Dr. Tait justly says, we should be more particular to avoid even the semblance of cruelty in animal work than in human surgery.—California State Med. Jour.

How Far a Surgeon Can Go in Operating on Patients Under an Anesthetic.

Justice Garrison, who was once a physician and who has been for many years one of the lights of the Supreme Court, recently filed an interesting opinion in the surgical case of Harris Brennan, of Essex County, against Dr. Victor Parsonett, of Newark, involving the question of how far a surgeon can go in his profession without the consent of the man operated upon. He says:

"The plaintiff applied to the defendant to perform a surgical operation upon a rupture in his left groin. After the patient had been etherized a rupture on the right side was discovered, of a character more seriously endangering the life of the patient than the other. The defendant, having operated upon the more serious rupture, was sued by his patient for assault and battery, and a substantial verdict was recovered, which (1) is set aside as against the weight of the evidence, with (2) a statement of the question that should be left to the jury in view (3) of the adaptation of the common law rule to the employment of anæsthesia in surgical operation.

"The plaintiff applied to the defendant to operate upon a rupture in his left groin that had been unsuccessfully operated upon two years before by another surgeon. Upon learning that the patient was a poor man the defendant engaged to operate free of charge. At the time fixed for the operation the plaintiff was placed under the anæsthetic by two assisting surgeons who, when Dr. Parsonett came into the operating-room, directed his attention to a rupture they had just discovered in the patient's right groin, which, upon examination and the employment of the usual diagnostic tests, was determined by the three surgeons to be a serious menace to the patient and likely to cause his death should strangulation occur, danger not to be apprehended from the rupture that had once been operated upon. Dr. Parsonett, therefore, operated upon the more serious rupture, intending to operate also upon the other which he was prevented from doing by the patient's condition under the anæsthetic. The patient, upon being informed that the operation would be completed on a following day, apparently acquiesced, but later declined to go on with the operation, and brought this action against the defendant for assault and battery.

"The jury, under the charge of the court, found that the defendant had performed an operation upon the plaintiff without his contract, and rendered a verdict of $1000 against him."

After thus reciting this unusual condition of affairs, for the man recovered from the operation and is well, the court, in deciding the case, says, in part:

"This verdict can not be permitted to stand; it is against the clear weight of the evidence. The trial court charged the jury that the operation was a legal wrong to the plaintiff unless he had consented to its performance, explaining to them that such consent as to conditions discovered after the operation had actually commenced might be inferred from circumstances, and that it should be inferred if the condition

thus discovered endangered the life of the patient, leaving to them to question whether the condition for which the defendant had operated was of this character. Upon the question thus submitted the evidence was overwhelmingly against the verdict. The testimony of unimpeached witnesses that the rupture that was operated upon was a serious menace to the health of the plaintiff was not even attempted to be contradicted.

"A verdict rendered in the face of this testimony can rest only on the assumption of the superior knowledge of the jury. The duty of the jury was to render a verdict upon the evidence, and that it did not do."

Sustaining the judge in laying down the common law principle that the doctor must get the consent of the patient before an operation, the court said that the modern anesthetic and the discoverv of the condition of the patient when under its influence rendered getting such consent absolutely impossible, and said this changed conditions of affairs must change the common law, and as the patient did not have a representative to speak for him when he could not speak for him when he could not speak, the common law must give way to the skill of the surgeon, and the patient must abide by his

Dr. Parsonett, when he heard the decision, said that he had expected that the verdict against him would be set aside. He made another interesting point in his case, indicating that Justice Garrison's decision establishes that a surgical operation begins with the administration of the anæsthetic and not with the first incision. The doctor said that the decision made it apparent that a surgeon may do whatever is for the benefit of the patient after the anæsthetic is administered.

Physician May Testify Though His Fees Depend Upon Result of Case.

In an accident case it was contended that the evidence of a physician as to the nature and probable effect of the plaintiff's injuries must be disregarded by the jury because it was shown that the physician looked to a recovery in the case for his fee. The contention was not sustained. The court said that, in the first place, it would be a serious and unwarrantable reflection upon the integrity of a physician to say as a matter of law that his testimony was warped or influenced by the fact that, unless a recovery was had, he would not be paid for his services in examining or treating the patient. In the second place, if such a rule obtained, it would have a tendency to deprive those in need of the services of skilled physicians of such services, or at least put them to the necessity of paying for such services as had been rendered before the physician could testify. It is competent, when a physician has testified as to the character, nature, and extent of an injury, to ask him the amount of his bill and whether or not it has been paid for the purpose of showing bias and affecting his credibility upon this point. But when a jury, with these facts before them, has returned a verdict for the plaintiff, evidently based, or at least in part, upon the opinion of such physician, the court would not be warranted in disregarding that evidence and setting aside the verdict.—Lack' Malleable Iron Co. vs. Graham, Kentucky Court of Appeals; 143 S. W. 1016.

Presumption as to Sanity.

Sanity being the normal and usual condition of mankind, the law presumes that every person is sane; hence the State in a criminal prosecution may rely upon such presumption without proof relative thereto. But when the defendant in a homicide case produces sufficient evidence to raise a reasonable doubt of his sanity the law then imposes on the State the burden of establishing the sanity of the defendant, the same as any other material fact necessary to warrant a conviction; and if, upon consideration of all the evidence in the case, the jury have a reasonable doubt that the defendant at the time of the commission of the act charged was mentally competent to distinguish right and wrong, or to understand the nature of the act he was committing, he must be acquitted.—Adair v. State (Okla.), 118 Pac. 416.

Burden of Proof of Insanity.

A contestant of a will on the ground of mental incapacity has the burden of overcoming the presumption that every one is sane. If he shows that the subject of the injury was habitually insane before the paper was attempted to be executed, the burden, it is said, then shifts to the proponent to show that the will was made during a lucid interval. But if habitual fixed insanity prior to the act in question is not shown by the contestant the burden does not pass to the proponent.—Johnston v. Johnston, Alabama Supreme Court, 57 So. 450.

Liability of Corporation for Its Surgeon.

In an action against a railroad company for injury caused by the malpractice of its surgeon, it was held that the evidence must show either actual knowledge of the unfitness of the surgeon appointed or retained by it, or that his general reputation was so bad that the law will impute knowledge. It is not competent to show specific acts of unskillfulness not brought home to the company.—Atlantic Coast Line R. Co. v. Whitney, Florida Supreme Court, 56, So., 937.

Effect of Party's Refusal to Submit to Medical Examination.

In an action for injuries received in a street car accident the plaintiff had the advantage, on the trial, of the testimony of three physicians of her own selection, whom she allowed to examine her, not only when she was first injured, but at the time of the trial, but she never would permit any physician representing the defendant to examine her at all. When during the trial, the defendant's counsel moved the court to appoint experts for that purpose the plaintiff's counsel objected, and the objection was sustained. On appeal it was said by the court, that whether or not that ruling was correct (which it did not find it necessary to decide), the expert testimony for the plaintiff stood upon much the same footing as would that of an expert accountant, named by one litigant, in a case in which the other litigant was denied all access to the account constituting the subject of the litigation.—Grant v. New Orleans Ry. & Light Co., Louisiana Supreme Court, 56. So., 897.

Deaths.

EXTON.—At Arlington, N. J., July —, 1912, after an illness of more than five months, Dr. James A. Exton, again 67 years.

The Observer, of July 27th, says: "With the passing away of Dr. Exton, Arlington, loses one of its most prominent, most able and oldest residents. * * * During a residence in Arlington of thirty-five years Dr. Exton had witnessed practically the whole of the development of this section, and being possessed of a strong personality and the energy which drives men to do things, all these years he has been much a part of that development. The announcement on February 7 that he had been stricken while attending an emergency call at the Arlington Company's offices came as a shock to his hosts of friends and acquaintances throughout the town and State.

"Dr. Exton was born November 8, 1844, at Clinton, N. J. He was a veteran of the Civil War, having served in the 31st New Jersey Volunteers under General Paul. Following his discharge he matriculated in the College of Physicians and Surgeons, New York, and graduted with the class of 1866. The same year he married Miss Maria Van Pelt and settled down to practice in Hightstown. When he came to Arlington in 1877 he was ripe in experience and at once took high rank in his profession—a rank which has gone on advancing with the years until at the close of his life he is among the best known physicians and sanitary experts in New Jersey.

"He was founder and president of the Hudson County Medical Milk Commission, consulting physician at St. James's Hospital, Newark; member and for many years the efficient secretary of the New Jersey Sanitary Association, the Surgeons' Association of the Erie Railroad, Essex County Medical Milk Association, Academy of Medicine of New Jersey, Jersey City and Newark Practitioners' Clubs, Hudson County Medical Association and State Medical Society.

"He also served as a member of the second Passaic Valley Sewerage Commission. For many years he took an active part in local health board work, having been for years the health officer of the Kearny Board of Health. To him is due the stringent rules existing in Kearny relating to dairies and the sale of milk. * * * He was a director of the West Hudson Trust Company and president of the Kearny Building and Loan Association. He was a charter member of Triune Lodge, F. and A. M.; a 32d degree Mason; member of the Scottish Rite bodies of the valley, Jersey City; member of Kearny Lodge, B. P. O. Elks; Salaam Temple, Order of the Mystic Shrine, Newark; Past Masters' Association of New Jersey; State examiner of the Loyal Association, and Board of United States Pension Examiners.

"Besides his widow, Dr. Exton leaves three daughters."

RICHARDSON.—At his home in Boston, Mass., July 31, 1912, Dr. Maurice H. Richardson, aged 61 years.

Dr. Richardson was one of the foremost surgeons in this country. He delivered the Oration in Surgery at the annual meeting of our State Society in 1908.

CAMPBELL.—In Overlook Hospital, Summit, July 27, 1912, Mrs. Carolyn Foote Campbell, wife of Dr. Wellington Campbell, of Short Hills.

Personal Notes.

Dieffenbach, Dr. Richmond G. P., Newark, and wife recently returned from a month's sojourn at Saranac Lake.

Emerson, Dr. Linn, Orange, attended the International Otological Congress at Boston, in August.

Jacob, Dr. Albert N., Sparta, has been appointed medical inspector of the Sparta Township schools.

Prickett, Dr. Elmer D., Mt. Holly, and wife visited in Maine last month.

Thompson, Dr. Otto C., Lakewood, has been mentioned as a candidate for Surrogate of Ocean County.

Dallas, Dr. Alexander, Pine Brook, enjoyed an auto trip through Massachusetts and Vermont last month.

Shafer, Dr. William F., Camden, took a trip in August in his car to Leesburg, Va., to visit his father, Dr. William Shafer.

Armstrong. Dr. Edward C., Weehawken, was registered last month at the New Breslin Hotel, Mt. Arlington.

Baker, Dr. Charles F., Newark, and wife motored recently to Atlantic City and Cape May.

Bennett, Dr. John K., Gloucester City, is the Democratic candidate for Mayor of that city.

Bray, Dr. Walter S., Camden, has been proposed for election as member of the City Council.

Coit, Dr. Henry L., Newark, spoke on Dr. Morse's paper on "Maltose in Infant Feeding;" also on Dr. Adams's paper on "The Influence of Milk Stations on Infant Mortality," at the annual meeting of the American Pediatric Society at Hot Springs, Va.

Cort, Dr. Paul L., Trenton, and wife spent two weeks in July at Wildwood.

Cotton, Dr. Henry A., Trenton, discussed Dr. W. L. Russell's paper on "The Mental Hygienic Movement," at a meeting of the New York Psychiatric Society.

Dickinson, Dr. Gordon K., Jersey City, recently returned from Europe, where he spent several weeks.

Franklin Dr. George H., Hightstown, is a candidate on the Republican ticket for County Commissioner.

Hawke, Dr. Edward S., Trenton, and wife spent two weeks in August at Buck Hill Falls, in the Pocono Mountains.

Iszard, Dr. William H., Camden, recently had a narrow escape from death in alighting from a trolley car when it suddenly started and he was thrown against the wheels of the car. He received a painful abrasion of the right leg from the knee to the ankle.

Jennings, Dr. Charles H., Merchantville, and wife have returned from a three weeks' trip to Jamaica.

Kensinger, Dr. William H., Camden, and family occupied their summer cottage at Island Heights in July and August.

Leavitt, Dr. John F., Camden, spent a few days occasionally during the summer with his family at his summer cottage at Wildwood.

Mills Dr. Clifford, Morristown, was recently appointed physician of the Morris Township schools.

Oliphant, Dr. Nelson B., Trenton, and family spent the month of August at Casco May, Maine.

Ranson, Dr. Briscoe B., Maplewood, spent a week last month at Avon.

Rogers, Dr. Edward B., Collingswood, and wife spent a week last month at Asbury Park.

Schureman, Dr. James P., New Brunswick, and wife spent two weeks of July in Maine.

Sherk, Dr. Henry H., Camden, spent a few days at Chambersburg, Pa., last month. The doctor is having erected two new houses at North Rosedale.

Axford, Dr. W. Homer, Bayonne, and wife spent a week in Chester, in August.

Areson, Dr. William H., Montclair, and wife enjoyed a trip to Niagara Falls last month.

Harris, Dr. H. Crittenden, Glen Ridge, was registered last month at the New Breslin, Mt. Arlington.

McEwen, Dr. Floy, Newark, and wife spent last month at Harpswell, Me.

MacDonald, Dr. Joseph, Jr., East Orange, and wife remained at Belmar during August.

Maghee, Dr. J. Minor, West Orange, took an auto trip to Boston, Mass., in August.

Martine, Dr. Frank L., Newark, and wife were registered in August at the Hotel Buckingham, Asbury Park.

Norton, Dr. Horace G., Trenton, is receiving the sympathy of his host of friends over the alarming illness of his wife, who fearing collision with another auto jumped from the doctor's auto and was seriously injured and has been paralysed and unconscious most of the time since.

Schureman, Dr. Charles A., Newark, spent two days last month at Central Valley, Orange County, N. Y.

Sutphen, Dr. E. Blair, Morristown, spent several days in Boston, Mass., in August.

Wolfe, Dr. William J., Chatham, and family attended the annual reunion of the Wolfe family at Bangor, Pa., August 8th.

Bush, Dr. Archer C., Verona, spent a few days last month at Green Pond.

Campbell, Dr. Wellington, Short Hills, spent two weeks last month at Cape Cod, Mass.

Day, Dr. Grafton E., Collingswood, spent a week last month in Maryland.

Dieffenbach, Dr. R. H., Newark, spent his vacation last month at Camp George, Saranac Lake, N. Y.

Donnelly, Dr. Robert J., Newark, was registered at the Allaire, Spring Lake, in August.

Galloway, Dr. George E., Rahway, recently returned from a hunting and fishing trip.

Hart, Dr. Hugh H., Newark, and wife spent a few days at Mt. Arlington last month.

Jarrett, Dr. Harry, Camden, enjoyed an extended trip to Lake George, Montreal and Quebec in August.

La Riew, Dr. Fred J., Washington, was recently re-elected a member of the local Board of Health for three years.

Lee, Dr. Stephen G., East Orange, and wife spent a few weeks at Atlantic City, this summer.

Morris, Dr. Watson B., Springfield, and wife have returned from a three weeks' stay in the Adirondacks.

Munger, Dr. Roy T., Fanwood, has been appointed medical inspector of the New Providence Township Schools.

Salmon, Dr. Leon T., Lambertville, and family spent two weeks at Asbury Park and later two weeks at Lock Haven, Pa., in August.

Schoening, Dr. G. A., Trenton, was operated on by Dr. Deaver in the German Hospital at Philadelphia, for a growth in his throat, and after resting some time at Belmar returned home recently.

Scribner, Dr. Charles H., Paterson, last month won one of the prizes for the best decorated boat at the Culver's Lake annual carnival.

Twinch, Dr. Sidney A., Newark, and family spent the month of August at Mt. Pocono, Pa.

Young, Dr. Charles, Newark, and family spent the month of August at Swiftwater, Pa.

Book Reviews.

The Care of the Skin and Hair. By William Allen Pusey, A. M., M. D., Prof. Dermatology, in Univ. Ill. New York and London. D. Appleton & Co. 1912.

This little book, while containing much information that is of value to the physician, is especially adapted to the uses of the laity. The gentler sex, which prizes a clean, clear skin, will find much that is helpful in obtaining such a condition by reading these pages.

A Text Book of Gynecology. By William Sisson Gardner, M. D., Prof. Gynecology, Coll. Phys. and Surg., Baltimore; 138 illustrations. New York and London. D. Appleton & Co. 1912.

An excellent text book for the use of students. It purposely omits many of the less common diseases and those operations which are more in the domain of general surgery, but it presents very clearly and concisely those facts with which the student should be familiar.

The Practical Medicine Series, Comprising ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D., Prof. of Laryngology and Rhinology, Chicago Post-Graduate School, and Charles L. Mix, A. M., M. D., Prof. of Physical Diagnosis, Northwestern Medical School. Vol. III., The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, C. M., M. D., D. C. L., Albert H. Andrews, M. D., and Gustavus P. Head, M. D. Series 1912. Chicago, The Year Book Publishers, 180 North Dearborn street.

Surgical After-Treatment. By L. R. G. Crandon, M. D., Assitant in Surgery at Harvard Medical School, and Albert Ehrenfried. M. D., Assistant in Anatomy at Harvard Medical School. Second edition, practically rewritten. Octavo of 831 pages, with 264 original illustrations. Philadelphia and London. W. B. Saunders Company. 1912. Cloth, $6 net; half morocco, $7.50 net.

"Surgical After-Treatment" is especially adapted for the use of young surgeons and of general practitioners in the country remote from hospital centres, where the after-care of a case operated on by a city consultant devolves upon

the family physician. The particulars relating to the after-care, the diet and hygienic surrounding of the patient, etc., etc., are described with as much detail as the numerous operations and size of the volume will permit.

SEXUAL IMPOTENCE. BY VICTOR G. VECKI, M. D., Consulting Genito-Urinary Surgeon to Mt. Zion Hosp., San Francisco. Fourth Edition, enlarged. Philadelphia and London. W. B. Saunders Company. 1912.

The author presents the anatomy and physiology of the sexual organs, the etiology and forms of impotence, its diagnosis, prognosis, prophylaxis and treatment very fully. While we would agree with him in much that he states, we must most unsparingly condemn his ridicule of the idea that "absolute sexual continence is not injurious" and the resultant advice that his views would advocate.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Delaware, June....	16	15	1
Illinois, April.....	228	183	45
Louisiana, May....	123	94	29
Mississippi, June...	87	43	44
No. Carolina, June	124	87	37
Oklahoma, April...	15	10	5
Rhode Island, May	2	2	0
Wisconsin, May...	59	48	11

Public Health Items.

Appropriation for Studying Mosquitoes.

The Philadelphia City Councils in July made an appropriation of $5,000, advocated by the Mayor, for the scientific mosquito problem. The study includes the whole question of lowlands, stagnant water courses, etc., the abolition of breeding places, and the eventual extinction of the mosquito.

Investigating Milk Supplies.

At the request of the Trenton, N. J., City Commission, the Chief of the Division of Creameries and Dairies of the New Jersey State Board of Health conducted last month an investigation into the 400 sources of the milk supply of the city, with a view to stopping the sale of unwholesome milk and punishing the offenders. Trenton at present has no system of milk inspection of its own.

Infantile Paralysis.

Epidemics of infantile paralysis of small proportions have been reported from Buffalo, N. Y.; Akron, O., and Racine, Wis. At Buffalo it is reported that the cases averaged one a day during the month of July. On July 19, thirteen cases had been reported in Akron, O., and an investigation by the State Board of Health was under way. Seven cases with five deaths are reported from Baltimore. At Los Angeles up to August 2, 173 cases of the disease had been reported to the health department, thirty-three of which resulted fatally.

Typhoid Fever in Moorestown.

One man innocently spread the typhoid epidemic that has thrown this place and the neighboring townships into a state of terror, with its total of thirty-two cases of the disease and one death, according to Dr F. G. Stroud, secretary and inspector of the local Board of Health. In an investigation of the situation by the State Inspectors Bowen and McDonald, the experts are said to have located the trouble in the milk supply from a farm noted for its sanitation and care in handling and marketing milk. The experts' report, according to Dr. Stroud, show that the manager of the farm, an expert dairyman, to whose efforts the dairy owes its high official sanitary standard, is what is known among the physicians as a "typhoid carrier." "His blood shows the typhoid reaction in virulent form,"

Typhoid Fever in Nurslings.

A. Brelet notes that typical typhoid fever in infants is rare, although the infection is rather frequent and of grave import. It is characterized by continuous fever, digestive disturbances, sometimes severe meningitic symptoms, purpura, convulsions, intestinal hemorrhages, etc. There may be no ulceration of Peyer's patches or solitary follicles, but hemorrhage may occur from the intestinal walls. The spleen and mesenteric glands are enlarged. Rose spots may be present, but are usually absent. Owing to the irregularity of the course of the disease the diagnosis is often not made; the Widal reaction is not always present, but bacteriological examination of the feces shows the bacillus of Eberth. Bronchopneumonia may be a prominent symptom. The disease is exceptional during the first six months of life; if it occurs in the mother during pregnancy the infant generally dies in utero or it may live but a few days. The child may be infected by the mother while at the breast or by a nurse.—Gazette des Hopitaux.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, July, 1912.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending July 10, 1912, was 2,795. By age periods there were 449 deaths among infants under one year, 210 deaths of children over one year and under five years, and 836 deaths of persons aged sixty years and over.

The number of deaths for July is 303 less than the previous month. Deaths from infantile diarrhœa (161) are lower than for any corresponding period during the past three years. A decrease is also shown in deaths from measles, scarlet fever, whooping cough and diphtheria.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending July 10, 1912, compared with the average for the previous twelve month, the average in each class being given in parentheses:

Typhoid fever, 19 (27); measles, 33 (20); scarlet fever, 13 (13); whooping cough, 19 (21); diphtheria, 31 (40); malarial fever, 5 (2); tuberculosis of lungs, 298 (306); tuberculosis of other organs, 51 (53); cancer, 162 (166); diseases of nervous system, 341 (352); diseases of circulatory system, 354 (393); diseases of respiratory sys-

tem (pneumonia and tuberculosis excepted), 101 (221); pneumonia, 159 (235); infantile diarrhœa, 161 (206); diseases of digestive system (infantile diarrhœa excepted), 170 (188); Bright's disease, 209 (231); suicide, 38 (32); all other diseases or causes of death, 631 (636); total, 2,795 (3,142).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens received from suspected cases of diphtheria, 230; tuberculosis, 424; typhoid fever, 600; malaria, 50; miscellaneous specimens, 53; total, 1,357.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending July 31, 1912, 672 samples of food and drugs were examined in the State Laboratory of Hygiene, with the following results:

The fololwing were found to be below standard: 51 of the 455 samples of milk; 29 of the 46 of butter; all 30 of cordials; 2 of the 54 of cream; all 4 of olive oil; 1 of the 4 of vinegar; 20 of the 26 of cider vinegar; 1 of the 4 of red vinegar; the one of spirits peppermint, and 5 of the 6 tincture iodine.

All samples of the following were found to be above standard: Buttermilk, coffee, lemon extract, maple syrup, sugar, vinegar amber, vinegar distilled, vinegar syrup, vinegar white.

Fifty suits were instituted against parties whose foods or drugs were found to be below standard.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 309 dairy inspections were made. The columns below give the number in each county inspected and the number found to be 60 per cent. above and 60 per cent. below the perfect mark:

County.	Number inspected.	Above 60%.	Below 60%.
Burlington	39	13	26
Essex	29	23	6
Gloucester	11	1	10
Hudson	2	1	..
Hunterdon	53	29	23
Mercer	70	10	60
Middlesex	31	5	26
Monmouth	6	1	5
Morris	23	19	3
Somerset	10	4	6
Sussex	18	15	3
Union	3	1	2
Warren	2	2	..
Susquehanna, Pa.	1	1	..
Wyoming, Pa.	11	5	6
Totals	309	130	176

One dairy each in Hudson, Hunterdon and Morris counties was stopped producing milk.

Number of dairies, first inspection..... 202
Number of dairies, reinspection..... 107
Number of milk depots inspected..... 12
Number of letters sent to dairymen..... 94
Water samples collected on dairy premises. 1

Inspections were made at the request of the following local boards of health: Burlington, Collingswood, Dunellen, Jersey City, New Brunswick, Orange, Perth Amboy, South Orange, South River, Summit, Trenton, Woodbury.

CREAMERIES INSPECTED.

Andover, Baptistown, Barbertown, Franklin Park, Hamburg, McAfee, Middlebush, Roseland, Sussex, White House, Woodbury, Orange, N. Y., 2, Wyoming, Pa. Total, 14.

Number of creamery licenses recommended 1
Letters sent to creamery operators..... 11

ICE CREAM FACTORIES INSPECTED.

Allenhurst, Asbury Park 11. Atlantic Highlands 3, Bayhead 2, Bayonne 2, Belmar, Bradley Beach, Burlington 5, Collingswood 2, Elizabeth 21, Highlands 2, Jersey City 3, Keansburg, Keyport 3, Long Branch 7, Newark 35, New Brunswick 17, Ocean Grove, Orange, Rahway 4, Red Bank 4, South River, Trenton 5, Wildwood. Total, 134.

Ice cream factory licenses recommended.... 11
Letters sent to ice cream factory operators. 49

During the month ending July 31, 1912, 127 inspections were made in 54 cities and towns. The largest number of inspections made in towns were: Camden, 11; Jersey City, 9; Newark, 13; Paterson, 4; Trenton, 11, and 3 each in Englewood, Hoboken, Orange, Passaic and Tuckerton.

The following articles were examined during the month, but no samples were taken: Milk, 842; butter, 261; food, 744; drugs, 55.

Other inspections were made as follows: Milk wagons, 280; milk depots, 55; meat markets, 4; bakeries, 6; drug stores, 1; grocery stores, 251; creameries, 3; saloons, 20; confectionery stores, 3; slaughter houses, 24; cold storage warehouses, 21; canning factories, 8; egg dealers' establishments, 5; miscellaneous, 3.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 383; public water supplies, 173; proposed public water supplies, 4; private water supplies, 50; State institution supplies, 7; dairy supplies, 1; sewage samples, 37; miscellaneous, 111.

INSPECTIONS.

Water supplies and water purification plants inspected at Asbury Park, Atlantic City 3, Belmar, Bernardsville, Chatham, Deal, Dover 5, Gloucester, Island Heights, Lambertville, Morris Plains, Mullica Hill, Newark 2, Ocean City, Ocean Gate, Ocean Grove, Pleasantville, Rahway, Salem, Sewell, Skillman State Village, Smithville 2, South Plainfield 3, Summit, Tuckerton, Woodbury 2, Yardville Heights 2.

Watershed inspections at Atlantic City, Butler, Newark, Pleasantville, South Plainfield, Woodbury.

Sewage disposal plants and sewerage systems inspected at Atlantic City, Beverly, Bordentown, Bridgeton, Burlington 2, Caldwell 2, Cape May, Carlstadt, Cedar Grove, Chatham 2, Collingswood 2, Haddonfield, Hoboken, Jersey City, Keyport, Madison, Margate City 2, Millville 2, Morristown, Morris Plains, New Milford, North Bergen 2, Ocean City, Princeton 2, Ramsey 2, Riverside, Rumson, Seabright, Skillman, Smith's Landing, Ventnor City 2, Vineland, West Englewood, Westmont, Whitehouse.

Streams inspected on Alloways Creek, Barnegat Bay, Beach Thoroughfare, Big Timber Creek, Cold Springs Inlet, Deal Lake, Dela-

ware River, Great Egg Harbor Bay, Manasquan Inlet, Manasquan River, Mantua Creek, Musconetcong Creek, Navesink River, Pequannock River, Pequest River, Pohatcong Creek, Rahway River, Rancocas Creek, Raritan River, Salem Creek, Sea Girt Inlet, Shabbacong Creek, Shark River, Shark River Inlet, Shrewsbury River, Swimming River.

Number of stream pollutions reported.....	310
Reinspections of stream pollutions made...	370
Stream pollutions found abated.....	214
Notices to cease pollution issued.....	169
Cases referred to the Attorney-General....	90
Plans for sewerage systems, sewage disposal plants and extensions approved.....	15
Plans for water supply systems approved...	5

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-Official Remedies, 1912, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies:"

Purified Extract of Adrenal Gland, Mulford, is an extract of the suprarenal gland, standardized physiologically by measuring its effect on blood-pressure and so adjusted as to correspond to the effect of 4 per cent. of purified epinephrine. It has, therefore, approximately four times the strength of desiccated suprarenal gland U. S. P. It is marketed as follows: Adrenal Ointment, Mulford, containing purified extract of adrenal gland, Mulford 25 parts, boric acid 1 part in 1000 parts. Urethral Suppositories Adrenal Comp., Mulford, each containing purified extract of adrenal gland 0.06 gm. (1 grain), cargentos 0.13 gm. (2 grains). Vaginal Suppositories Adrenal Comp., Mulford, each containing purified extract of adrenal gland 0.06 gm. (1 grain), cargentos 0.13 gm. (2 grains), ichthyol 0.13 gm. (2 grains). H. K. Mulford Co., Philadelphia (Jour. A. M. A., July 13, 1912, p. 121).

Articles accepted for N. N. R. Appendix:

Lozenges Adrenal Comp., each containing dried suprarenal gland 0.01 gm. (1-6 grain), menthol 0.0013 gm. (1-50) grain), benzoic acid 0.0026 gm. (1-24 grain), eucalyptol 0.0013 gm. (1-50 grain).

Rectal Suppositories Adrenal each containing dried suprarenal gland 0.3 (5 grains) (Jour. A. M. A., July 13, 1912, p. 121.)

Facetious Items.

Roberts—"My wife is very methodical. She is never satisfied unless she knows where everything is kept." Rounder—"Mine's the same. She even wants to know where my late hours are kept."—Boston Transcript.

"I don't see how it is," Jenkins began, eyeing the tramp and his performing dog with frank envy. "Here is this mongrel of yours doing all these tricks, and there is my dog, with a pedigree a yard long, that can't be taught a single thing! I've hammered at it till I'm tired, and he can't even be trusted on to roll over when he's told to."

"Well, sir, t'ain't so much the dog," the tramp replied, confidentially. "You have to know more'n he does or you can't learn him anything."—Youth's Companion.

A Problem He Couldn't Solve.

Jim Hudnell, who resides near Pohick, Va., recently opened a tanyard in that small hamlet and offered himself to the public as a purchaser of hides, relates the New York Times. There being no sign painter within a score of miles, he bethought himself of a cheap and novel method whereby folks might be informed of his line of trade. Boring an auger-hole in the door of the yard, he cut the tail from a fresh calfskin and stuck the butt end of it in the hole, proclaiming thereby to the world that he was a dealer in hides, hair and such like wares.

The day after he had flung to the breeze this hairy emblem of his calling he looked forth from his window and saw standing before the tanyard door a chin-whiskered farmer, silently chewing a straw and gazing in deep contemplation upon the calf tail. Him Jim approached:

"Want to sell any hides?" he asked.

"Nope," was the laconic reply.

"Want to buy any?" was the next query.

"Nope," came again from the steady gazing farmer.

"Want to buy any leather?" was Jim's further question.

"Nope," answered the hayseed.

"Well, what do you want and what are ye, anyhow?" exclaimed Jim in irritated tones.

"I reckon I'm what ye call one o' these hyah scientists," returned the farmer, whose eyes had never left the calf tail. "I'm trying ter figger out how in tarnation that ahr calf ever got through that thar aguer hole!"

Miss Five O'clock Tea—"Have you heard the latest on Alice? She goes to church so seldom that last Sunday, when the contribution plate was passed, she said to the usher, 'Not any more, thank you.' "—Judge.

"Mr. Interlocutor, can you tell me why burglars like houses occupied by bald-headed people?"

"No, Mr. Tambo, I cannot. What is the reason?"

"Because their locks are few."

"Now they claim the human body contains sulphur."

"In what amount?"

"Oh, in varying quantities."

"Well, that may account for some girls making better matches than others."—Pittsburg Press.

Taking to the Tall Timber.

"Sisteren and bretheren," exhorted Uncle Abraham, a recent promotion from the plough to the pulpit, "on de one side er dis here meetin' house is a road leading to destruction, on de udder is a road gwine to damnation. Which you gwine pursoo? Dar is de internal question: Which is you gwine pursoo?"

"Law, Brer Aberham," spoke Sister Eliza from the back pew, "I speck I'm er gwine home thoo de woods!"—Lippincott's.

Medical Needs.

"Did you hear about the woman who invented a device for keeping poultices hot?"

"Nothing in that; what the world needs is an invention to keep mustard plasters cool."

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RELATION OF THE MUNICIPALITY TO CHILD LIFE.*

By Andrew F. McBride, M. D., Paterson, N. J.

The subject assigned to me for discussion before you to-day is the "Relation of the Municipality to Child Life." Before we proceed, let us settle first of all what a municipality is and what are its functions.

A city as we all know is a creature of the State. It procures its charter from the State. The State delegates to it certain powers to exercise as its representative and as such the city is a corporate agency; in all other directions it may properly be deemed "a business corporation or company, in which the taxpayers are shareholders, doing through the agency of the city officers, things which each might do for himself, though with more cost and trouble."

In this corporation each citizen is a shareholder and has an equal interest. The United States Constitution declares that "all persons *born* or naturalized in the United States and subject to the jurisdiction thereof are citizens of the United States and of the State wherein they reside." The self-government which they thus participate in rests upon the thought that to each individual belong the inalienable rights of life, liberty and the pursuit of happiness, and the realization of the fullest opportunity for personal development.

It is apparent from this, then, that a child born in this country of American parents is a citizen of the State in which the parents reside. To such a child are guaranteed all the rights and immunities enjoyed by its parents as citizens although as a minor it is not privileged to exercise some of them, such as the right of suffrage, until it reaches majority. The law of the land guarantees these rights to them as to their elders. With parents or without parents the United States Government guarantees them their rights and the States enforce them through their own agencies or through the instrumentality of the city.

A citizen, twenty-one years of age, who enjoys the privileges of citizenship finds himself in a reciprocal relationship. The city, State and Nation are obliged to do certain things for him; he in turn must do certain things for them. Citizenship in this case presupposes a sense of responsibility, a recognition of the obligations which are imposed upon the citizen in such relation. Such a presumption, however, in the case of a child is not possible. The law regards all persons below the age of twenty-one as minors who are incapable of making contracts, enter into agreements, cannot sue or be sued. In fact, wherever occasion requires, a guardian is appointed in such cases to protect the property rights of such minor. Twenty-one is rather beyond the age implied in the word "child" as understood by us in our present discussion. Let us place it arbitrarily at sixteen years of age, up to which time of life a child, in the sense usually understood by the term, may be considered as irresponsible and incapable and unable to get along and make its own way without help and guidance.

Children under age in the sense we have suggested are entitled as was said before to the fullest opportunity for personal development.

Now what do we understand by personal development? How far may the State go and what does the State actually do through its agent—the municipality, to afford the

*Read at the 146th annual meeting of the Medical Society of New Jersey, Spring Lake, June 12, 1912.

fullest opportunity to each individual child to develop itself and grow up into a vigorous, responsible intelligent upright American citizen?

As is here indicated, personal development means nothing else than the child's moral, mental and physical development. The means employed by the cities to accomplish this three-fold object are easily traced.

In the first place, the moral development of the child is considered a personal thing and one properly within the province of the parent to apply and bring about. The municipalities lend aid indirectly and in the only manner possible to them, by exempting property devoted to religious purposes from paying taxes.

The mental development of our children is, however, a direct obligation placed upon every municipality. Education has been called the safeguard of the Nation and so regarded, it is an absolutely necessary provision. The cost of providing it is great, amounting to one-third of the tax levy, but the people appreciate the responsibility they are under in the matter and willingly supply the means because they know the value of education and its influence for good on the lives of our young. Allied to the school is the public library which is maintained by the municipality as an auxiliary means of education. Special arrangements are made to provide books suitable to the needs of school children and of other youthful readers.

The physical development of the child is also a matter of public concern. The municipal departments of every city, such as fire, police, health forces, hospitals, orphan asylums, law courts established for the protection of life and property, are all meant to serve the interest of those under age as well as those who have reached maturity. The parks, libraries and museums are open to them and provided with particular features for their special benefit. The movement is spreading rapidly to every city of opening for their special use playgrounds where they will be able to play their outdoor games free from the danger found on our public streets. The duty resting upon the cities to care for the physical welfare of the children is fully recognized and taken up and applied with a view of meeting the latest test of modern municipal requirements.

This is a general outline of the duties imposed upon such municipality in relation to its children. It engages in most of these duties of its own initiative; it performs others of them as an agent of the State. The State supplements the effort of the cities for the benefit of children by engaging in activities and providing institutions which the municipalities have a right to take advantage of. For instance there are the State Industrial School, State Home for Boys, State Home for Girls, State Training School for Feeble-Minded Children, State Children Guardians, State School for Deaf Mutes; State Village for Epileptics, State Reformatory, State Factory laws.

In whatever direction we look the aim is, as I have said before, to secure for our children the fullest opportunity for personal development, to surround them with influences that will tend to develop them into vigorous, responsible, intelligent and upright American citizens, who will strive after and endeavor to realize the ideal set by the late Justice Brewer when he said, "Picture the glory of the Republic, if in each individual life, were fully disclosed respect for law, taste for justice, regard of the rights of others, remembrance of the poor and afflicted, encouragement of education, the helping hand to everything that is true, beautiful and good."

DISCUSSION.

DR. FRANCIS H. TODD, Paterson: After expressing his pleasure in listening to the excellent paper presented by Dr. McBride, said: The laws brought out by the State Tenement House Commission will, in time, do a great deal for the younger children in preventing mortality. The Compulsory Education Law, which compels children to go to school until the age of sixteen, not only develops the child mentally and teaches him how to live and what to do, but also prevents his being forced into factories and other places of work before he has attained the age at which his physical development is sufficient to allow him to work without harm. So if we look back and see the precautions that the State has taken as a guardian over young children regarding their physical welfare, and consider that this is only one part of the work—that the school and educational part is equally important—we shall realize that the State of New Jersey is indeed attending to her responsibilities in this respect.

DR. J. FINLEY BELL, Englewood: The saving of time for the pursuit of other studies in the school life of a child if the arbitrary weights and measures were abolished and the metric system adopted, is considerable. In France and Germany, where the metric system is the only one taught, the pupils take up the study of algebra one year earlier than in England and America, where their minds are befogged by the many tables of weights and measures in use. At least eight months would be saved from the entire school life of the child by the universal adoption of the metric system. The entire school life of a child is twelve years, including high school. The cost in New Jersey is $51.03 per annum, or

$612.36 expended on the education of each pupil. If the metric system were adopted, to the exclusion of all other systems of weights and measures, thereby saving eight months of school time, there would be a saving of $34.02 for each pupil graduate.

A graduating class in the city of Englewood averages fifty pupils, which would entail an annual saving to the city of $1,701 worth of teaching time, sufficient to pay the salary of a high school teacher a year. The number of pupils enrolled in New Jersey for 1908 and 1909 was 424,534; about 12,500 of these would go through high school. The adoption of the metric system to the exclusion of all other systems of weights and measures would save to the State $300,250 worth of teaching time annually, and, according to Alexander Summers, arithmetic text books would be reduced at least 25 per cent.

Hand in hand with the metric system of weights and measures should go the centigrade thermometer scale. In scientific procedure they cannot be separated. How much more rational and simple to refer to the freezing point of water as 0 instead of 32, the boiling point as 100 instead of 212, and the normal body temperature as 37 instead of 98⅗.

EDUCATIONAL HYGIENE AND PROPHYLAXIS.*

By George J. Holmes, M. D.,
Newark, N. J.

To attempt to cover the entire subject of educational hygiene in the twenty minutes allotted for this paper would be folly. I shall, therefore, content myself with making brief references to some of the most important points. It will be admitted by us all, I believe, that this health supervision of public school pupils and their school environment has been and is still passing through an evolutionary stage. Much has been learned, and great public benefit derived, yet I feel sure there is room for improvement.

The duties of medical inspectors eight or ten years ago consisted simply of inspection for contagious diseases. To-day there have been added other duties, such as physical examination, which includes not only the noting of general defects, but also the noting of special defects, such as those of the eye, ear, nose, throat, heart, lungs, bones and muscles. Then there is no classroom inspection, vaccination, lecturing to teachers and pupils, home visiting in special cases, endless clerical work, conducting tests for determining the mental status of pupils suspected of being feeble-minded. To accomplish the above a medical inspector is required, in the city of Newark, to devote two hours each school day, the hours of service to be at the convenience of the school authorities.

In order to be a thoroughly competent medical inspector one should possess infinite patience, tact, a complete knowledge of children's diseases and defects, sufficient knowledge of the specialties, such as skin, eye, nose, throat, nervous system, school sanitation and ventilation. It is a surprise to the writer that we have been able to attain, under the present system, even the present degree of efficiency, for I am satisfied that the time will come when health supervision of schools will be considered of sufficient importance to require a physician to devote his entire time to the work and to have had special training and instruction, through a postgraduate course, combining the knowledge obtained by completing the regular medical course and qualifications at present possessed by a physical instructor, as well as special study on matters of public health, hygiene, ventilation, lighting and school sanitation.

SOME OF THE FAULTS OF THE PRESENT SYSTEM.

The short time devoted by the inspectors to the work of supervision, the interruptions caused by the demands of the private practice of the inspectors, the time lost in clerical work, the inability to follow up all cases to perfect a cure.

A very decided fault of our present system is the time lost by pupils in attending clinics for the correction of diseases and defects. All such clinics are held at hours convenient either to the hospitals in which they are located or to the physicians attending same. These hours are such that pupils must be absent from class for hours or even days, at time, in order to obtain proper and complete treatment. The physicians at such clinics, because of the magnitude of the work and lack of interest in school medical inspection, will not assist the school in keeping in touch with the needs of a given pupil.

A very simple printed blank is in use in our city and brought to the clinics by the pupils, on which the physicians are requested to place the diagnosis and recommendations, but invariably they are ignored, and not filled out. The only correction for this is the establishment of public school clinics, held at hours convenient to the schools, operated by the Board of Education's own physicians and nurses. By this means alone can we expect to have accurate, timely knowledge of each pupil's defects, needs,

*Read at the 146th annual meeting of the Medical Society of New Jersey, at Spring Lake, June 12, 1912.

and data of corrections and cures on which to base accurate conclusions.

Physical Examinations.—Another impediment in the progress of medical inspection is that the school law of our State is not sufficiently explicit as to how a physical examination shall be conducted. Considerable annoyance and trouble has resulted to municipalities because this law does not grant, in so many words, the privilege of removal of sufficient clothing, necessary to conduct a physical examination.

That these examinations have been the means of discovering numerous cases of defects is shown as follows:

During the year 1910-1911, 24,310 physical examinations were performed—61½% of this number were found to have one or more defects and 38½% were found normal.

Chief among the defects are:

Enlarged glands, 2%; defective vision, 20%; defective hearing, 2%; defective nasal breathing, 7%; defective teeth, 47%; enlarged tonsils, 30%; adenoids, 12%; mentality, 2%. (Percentage based on the number found defective.)

Were I asked to establish medical inspection in a city, in view of my past experience I would employ, first of all, sufficient trained nurses to carry on the major part of the work. The only part of medical inspection that cannot be conducted by nurses trained in school work is the examination of the heart and lungs. Nurses, after a few months' experience, are able to detect defective vision, hearing, mouth-breathing, defective teeth, parasitic and contagious diseases, in fact, everything except diseases of heart and lungs.

I would, however, have these nurses under the direction of a trained physician who either himself, or through one or more assistants, would confirm all exclusions by nurses and examine especial cases reported to the main office. These physicians, acting as a check on the nurses' work, would safeguard the pupils' interests and enable the nurses to feel that they had some one in authority to whom they could refer cases. These physicians, were such a plan put in operation, should be expected to devote the entire day, from 9 to 5, to school work.

A department conducted as above outlined would, in my judgment, overcome many defects in our present system. Women, because of their sex, are especially adapted for the work of medical inspection. The work at present is greatly retarded by the nurses having to wait, before taking action toward the correction of diseases or defects, for the sanction and approval of the physician.

Nurses, carrying on the entire work of inspection, would have a more complete knowledge of the facts and so could present the case more forcibly to the parents in the home and, because of their entire time and attention being centred on medical inspection, would be more regular, systematic and painstaking, keeping more accurate data in regard to same than is the case with the physician medical inspector, devoting part time only. Nurses, also, because of their training, are more amenable to direction and can be taught to carry on the inspection in a more uniform manner.

If a canvass of all the principals of the public schools in the city of Newark were made I am satisfied that a very large percentage would be in favor of the school nurse in preference to the physician. This is due in part to the fact that by the treatment of such cases as ringworm, impetigo, scabies, pediculosis, conjunctivitis, eczema, in school, the necessity of many exclusions is avoided. This school treatment by nurses, wherever carried out, is a great benefit and saving in school attendance. The treatment is only conducted on consent of parents, and after prescribed rules laid down by the supervisor of the department. When it is remembered that each exclusion of a pupil represents money lost to the city, it will be seen that this is a strong argument for a nurse in each school district.

Medical inspection should not be carried on in public schools as a necessary evil, but as an indispensable benefit. The physician and nurses should come and go, conducting their work with as little interference as possible with the school curriculum. In our zeal to obtain great results we must not forget that there are other things just as important to the pupils. I look with alarm at the tendency of to-day to permit many interruptions of classwork by outsiders, in spite of the good motive.

It is my opinion that no educational movement, demonstration, lecture, etc., should take the time of school hours, unless conducted by paid employees of Boards of Education. Even then, the necessity, value, mode and time of operation of each movement should be carefully considered before being permitted.

The Need of Accord Among Physicians.—The lack of co-operation shown by some of the medical profession to the medical inspectors has proved a serious drawback in

the effort to attain efficient medical inspection.

Some of the medical profession seem to delight in taking issue with the inspector's diagnosis and recommendations. This attitude is doing much to prevent the removal of defects and diseases and to shake the confidence of the public in the medical profession. I do not wish to be understood as denying the right of the private physician to express his opinion, though it may differ with that of the medical inspector, but there are many instances in which the opinions and recommendations of the medical inspector could be justly upheld by the family physician with great benefit to the school system and the pupils.

On asking myself, time and again, the cause of this unnecessary and repeated difference of opinion and disposition on the part of the profession in many instances to discredit the work of physicians in schools, I have arrived at the conclusion that it is due to the family physician not viewing the subject from the school standpoint. The profession must remember that the medical inspector, when giving a decision in any matter pertaining to medical inspection, must always bear in mind and be governed by what is best for the majority, even though it may seem a hardship for the individual. It must also be borne in mind that in deciding matters of quarantine and the like, the medical inspector must always err on the safe side, for the protection of the many, rather than take any chances for the gratification of a few. It must be remembered that these school inspectors are members of our own profession and societies, legally qualified to practise medicine, both by holding certificates from recognized colleges and years of practical experience.

The profession fails to realize that medical inspection goes further than the mere detection of diseases and defects, that one of the most important parts of medical inspection is the prevention of disease and mal-formation in development. In short, to bring about a higher standard of physical health, which, it is hoped, will be a determining factor in the coming generations' degree of fitness and manhood. Can we not, as a body of professional men of high intelligence, be public spirited enough to brush aside the fear of medical inspection affecting injuriously our private income, and work for the cause of humanity?

Personally, I have no fear that any activity on the part of the State to educate its people to a fuller knowledge of the human body and the means to prevent disease and defects will work injury to its citizens, including the medical profession.

SCHOOL NURSES.

Up to a recent date medical inspection consisted of mere inspection for diseases and defects, a very valuable work for demonstrating the need of health protection, but of very little value to the individual, unless steps are taken to correct these defects and diseases. The most important part of medical inspection is the education of the pupils and parents as to the methods of preventing disease and defects. This is being accomplished at the present time in Newark, in part, by employing the services of school nurses. Other means employed for the education of pupils in preventive medicine are the practical talks on hygiene, before pupils, by physicians and nurses; lectures to teachers by competent authorities on the early signs of disease and defects common to school children; lectures before Parents' Associations by medical inspectors on subjects of medical inspection and health matters in general. We are also using, in Newark, portable exhibits on tuberculosis, oral hygiene, the house fly and its method of spreading disease. These exhibits consist of charts, models, photographs, mottoes, contained in a box eight feet high, and which, when opened, displays its contents. They are being taken from school to school and demonstrated by physicians to the pupils.

The school nurse has proven to be, unquestionably, the most important factor in the education both of pupils and their parents in hygiene and preventive medicine. The nurse in the public schools is of inestimable value. She is the connecting link between the medical inspector and the parents. An efficient nurse is the "Health Mother" of the school, and the personal adviser of both parents and pupils. It is through her efforts that cures and corrections of defects and diseases are brought about. She also, both by example and word of mouth, is doing much to bring about improved sanitation and hygiene in the home, which in time will have the effect of preventing diseases and defects, as well as lowering the mortality among children. A department of medical inspection without school nurses would be simply a bureau for compiling statistics.

The magnitude and importance of the work of the school nurses can be partially understood by consulting the following table, which states the results chiefly ob-

tained through treatment given at school and the home visits:

COMPARATIVE TABLE OF TREATMENT BY NURSES, 1909-1910, 1910-1911.

	1909-10.	1910-11.	1909-10.	1910-11.
Number having received treatment	10,480	18,351		
Number cured	9,642	15,934	92%	87%
Number improved	419	969	4%	5%
Number not improved	419	1,448	4%	8%
Number having defective vision	1,380	3,003		
Number of glasses obtained	581	989	42%	33%
Number having hypertrophied tonsils	1,869	4,588		
Number operated on for tonsils	140	416	7%	9%
Number having adenoids	596	1,866		
Number operated on for adenoids	64	238	11%	13%
Number having defective teeth	2,255	7,124		
Number given dental treatment	397	772	18%	11%

One of the most recent efforts to reduce disease and preach the doctrine of prevention is the establishment of an Infants' Consultation Station under the direction of Drs. Coit, Mockridge and Scott, in one of the public schools in Newark. A visit to this place would win the sympathy of any one. Here mothers and grandmothers, with infants in their arms are seen, deeply interested in the weighing of the infants, drinking in the information imparted by physician and nurse as to what to do for their child to bring him or her to a normal state of development, and standard of health. No treatment is given, simply advice, and whenever an infant is found sick it is referred to the family physician or clinic.

This movement cannot help but be a very vital influence in the neighborhood surrounding this school, for the enlightenment of parents, and must result eventually in a reduction in infant mortality. Such diseases as rachitis, scurvy, inanition, ileocolitis, typhoid, tuberculosis, etc.

I can think of no better purpose to which to put a school room, and sincerely hope that others of like character will be opened soon in other congested districts.

It will be seen by the foregoing that I believe it is the duty of the school physician and nurse to strive to prevent disease and defects, and not to be content with discovering defects after they have developed.

OPEN-AIR CLASSES.

It is now about one and one-half years since the first open-air class was established in the city of Newark, to which we assigned pupils of poor physical health because of illness, not of a contagious nature, but from improper feeding, ventilation and home environment. That there were hundreds of such cases we knew full well, and after long deliberation, with many misgivings, I finally urged and obtained the consent of our local Board of Education to try the experiment of an open-air class for such pupils. After this school had been in operation five months there was an average gain of one and one-third pounds in weight and 16 per cent. in hæmoglobin. This latter was a great surprise, for it was considered remarkable that the blood would improve so rapidly by simply placing children in the open air and giving them one substantial meal a day.

This experiment has led to the establishment, in Newark, of two types of open-air schools, namely, the *pavilion type* for the care of pupils afflicted with pulmonary tuberculosis, and the *open-window type,* for the care of frail, anemic, poorly nourished children. As a result of this experiment and the marked improvement in the physical health of the pupils assigned to these classes, as well as their ability to accomplish more pedigogically, the theories of the modern mechanical ventilation have been upset. I confidently predict that the time will come when the present method of pumping into school buildings hot, dry, devitalized air, void of a proper degree of moisture, will cease. In fact, in our city there are those expensive plants installed in some of the newer buildings, and I find, on visiting these schools, that invariably the windows are wide open, the teachers finding that the room cannot be properly ventilated without resorting to this procedure. In short, it is the moisture, the sunlight, and the normal movement of the air of outdoors which brings about the beneficial effect in the pupils assigned to open-air classes.

The Pavilion Type.—The pavilion type is well illustrated by the open-air class in Newark for the care and education of tubercular pupils.

This school consists of an open-air class-

room located in a pavilion having its three sides reaching up three feet only from the platform, leaving, in this manner, the greater portion of the sides open, but affording sufficient protection to the pupils' limbs, and the whole covered by a roof. In severe weather canvas is stretched over the openings in one or more of the sides, to protect pupils from the wind and cold, or too great heat and light.

The desks are forty in number, movable, and of various sizes, to accommodate an ungraded class of pupils. In an adjoining building are provided a rest room with reclining chais, kitchen and dining-room, medical inspector's room, drinking fountain and wash basins.

All pupils are provided with coats, hats, sitting-out bags, mittens, soap stones for foot warmers, food and transportation. The food, which is a very important item in the care of these pupils, should be simple, wholesome, well cooked, including plenty of milk and eggs. There are on roll forty-five pupils, all of whom have physical signs of pulmonary tuberculosis in their chest. The school is in session from 9 A. M. to 3 P. M., five days a week.

On arrival in the morning each pupil's mouth temperature is taken. If found to be above 99.5 said pupil is not assigned to class duty but is compelled to recline in his or her chair, busy with some light form of occupation or sleeping. Believing as I do that a rise in temperature above normal is a danger sign, this seems a wise precaution. After a pupil's temperature is taken he or she receives a warm bowl of milk or porridge, washes his teeth, puts on his clothing for outdoors, in winter, and takes his seat in the pavilion for class instruction.

At noon a substantial meal of meat, eggs, milk, vegetables, bread and butter, with deserts made of milk and eggs, is supplied. This is followed by washing teeth and an hour of rest in the rest-room, on the reclining chairs, after which recess, nature study, manual training or some other light work is performed. Just before the close of school, at 3 P. M., each pupil is given a glass of warm milk with bread or crackers.

There is in about all three hours of serious study, and the rest of the time is devoted to rest and building up of the child's body.

On entering this class each pupil is given a complete, careful physical examination, by the medical inspector, who, on finding a defect, will assign the case to the nurse for correction. Each pupil is given the Von Pirquet skin test with tuberculin and has its percentage of hæmoglobin determined. Its weight and height is carefully noted. Subsequent weighings are noted weekly, of all pupils, and any pupil found not gaining or losing weight receives special investigation by physician or nurse, both as to his own personal condition and as to what, if anything, in the home environment may be having an injurious effect.

Each pupil is given explicit instruction how to care for the sputum, the teeth, hands, and is given cheescloth and sputum boxes.

The force in charge of the school consists of two competent teachers, an excellent and economical cook, a janitor, medical inspector and nurse.

As a result of eight months of this treatment there has been an average gain of 4¼ pounds. Some pupils gain in weight more rapidly than others, depending on the amount and virulence of the tubercular infection and the period of attendance. Many cases are arrested.

At this time I am unable to report the gain in per cent of hæmoglobin in these tubercular pupils, as it is not yet time for us to make this examination, feeling as we do, because of the nature of this little surgical operation, that it ought not be done too often.

The Von Pirquet skin test with tuberculin has proven of great value in making an early diagnosis of tubreculosis among children of school age. I am not ready at this time to state any percentages as to the number of positive reactions obtained out of the total number tested, but I do state that it is a great help in reaching a conclusion in the cases of few physical signs or cases with no physical signs but who are or have been in contact with the disease in another member of the family.

Given a positive reaction to tuberculin and a family history of tuberculosis, I feel justified in assigning the pupil to open-air treatment in an open-air class, of the pavilion type. The simplicity and quickness with which this test can be carried out, without pain or suffering to a pupil, is in its favor. Then, also, it is free from the dangers of the Calumet test, or the injection method.

The Open-Window Type.—Such classrooms are, as already stated, devoted to the care and education of pupils whose resistance is lowered because of recent illness, anemia, malnutrition, improper home environment. There are two such rooms in Newark, each located on the southeasterly

side of the buildings at a point high enough up from the street to avoid the dust and noise.

The windows open outward and are kept open at all times. The temperature of these rooms is kept as far as possible at 50 or 55 degrees. The pupils are permitted to wear their hats and coats. Blankets and steamer chairs are provided for use during the rest period, which is taken for an hour each day, on the roof of the building. The only nourishment provided is milk.

Special investigation of each pupil is conducted both at school and at home by the physician and nurse with the intention of improving the conditions and to urge the patients to put the pupils under proper medical care. This home work by nurses is likewise carried out among the pupils of the pavilion type of open-air school. Very active and hearty co-operation on the part of parents has been obtained.

The course of study in this open-window type is similar to that afforded pupils in the pavilion type. These pupils, it is found, gain weight rapidly and improve in general health so that they are returned to their regular classes.

It is my opinion that every large school in a congested, poor district should have an open-air room of the open-window type, for there is no time in the year when twenty or thirty pupils cannot be found in need of such special treatment.

CLASSES FOR FEEBLE-MINDED CHILDREN.

When the Board of Education in Newark contemplated establishing special classes for backward pupils it requested its superintendent and myself to investigate and report as to the advisability of such a departure. The superintendent and I, therefore, visited such classes as were in operation in New York City. Here we were surprised to see pupils of low grade feeble-mindedness, namely, imbeciles and idiots, in classes with morons or pupils with slighter degree of feeble-mindedness.

This we both considered as wrong, and promised ourselves not to permit it in our city. However, it is just what we have at the present time in Newark. It was soon apparent that we would have to provide for many institutional cases, for the reason that there is no institution in our State with sufficient facilities to care for them. Surely the feeble-minded do not belong in a regular class, with normal pupils, for they retard the work of these classes and profit nothing by such instruction.

The special classes, therefore, in my judgment, should be graded, placing together the low type imbecile and idiot, in one grade and the higher type or morons in another grade. This will permit of better control of the pupils and afford a better opportunity for those with higher mental powers. These special classes have the following advantages:

First—They relieve the already too large regular class of a source of annoyance and retardation.

Second—They afford instruction to the feeble-minded which is profitable and pleasing.

Third—They afford an opportunity for studying each individual defective to determine the degree of defect, the prognosis and treatment necessary.

Fourth—They afford an opportunity to make a census of the number of feeble-minded in our city.

It was contemplated in the beginning that backward pupils would go into these classes, who, it was expected, would return to their regular classes after a few months special instruction under skilled teachers. This, however, is not the case in the ten special classes now conducted in Newark. On the contrary, in these classes, with no exception, as far as I know, there are pupils whose feeble-mindedness is permanent and due to either a pathological or congenital defect. It is folly, therefore, for any one to expect to treat a feeble-minded pupil, either pedagogically or medically to such a degree of success as to make normal pupils of them. Once feeble-minded, always feeble-minded.

As I view the situation with the present inability of the institutions to provide for all the feeble-minded, there is great danger that the Morons attending our special classes will be in a better position, through the inprovement brought about in them, to deceive their intimates into the belief that there is nothing wrong with them. These Morons, therefore, will be more apt to marry and produce other defectives.

The Binet-Simon test is used exclusively in our city for determining the degree of backwardness of a given pupil. A pupil three years or more behind grade, according to its age, is a canidate for a special class for feeble-mindedness.

No one disputes the fact that there are other causes of retardation beside feeble-mindedness which can account for the backwardness of a pupil. Therefore, extreme care should be taken to determine positively whether we are dealing with a simple case

of feeble-mindedness or simply a pupil retarded because of irregular attendance, foreign birth, illness, etc. Very careful investigation should be made into the personal and family history and records kept of each pupil. A complete physical examination should be conducted and whenever a defect is found its removal should be brought about.

These special classes for feeble-minded pupils afford training in manual, industrial and vocational work with the result that many pupils are learning to be self-supporting and extremely happy. There is need, however, of special classes, for backward pupils who are not feeble-minded but who, because of irregular attendance, illness, foreign birth, physical defects, etc., are not able to keep up with their class. These classes should be located in each large school, so as not to necessitate the removal of the pupil completely from its fellows. A pupil found backward but not evidently feeble-minded should be assigned to such a class, where, under a special teacher, in a small class, he or she could be studied to determine what is the cause of the retardation and if possible its removal. These pupils, depending somewhat on the skill of the teacher, will return to their regular grades.

Not long ago every pupil found by a teacher to be behind grade was suspected of having some physical defect, probably adenoids. Now teachers brand every pupil not up to grade as being feeble-minded. This is an easy way of shifting responsibility, whereas the default frequently lies with the teacher, who, either from inexperience or unfitness is unable to reach a given pupil and bring him up to the standard. I hope the time will soon come when we shall have in every large school special classes for both retarded pupils and for pupils who are advanced in their studies. This will leave for the regular classes the average pupils who are able to keep up in their studies according to the present system

The medical profession should make a special study of feeble-mindedness and become acquainted with and capable of conducting the Binet-Simon test. The family physician, because of his being first consulted and having entry to the inner councils of the family, is best able to discover feeble-mindedness. It is also his sacred duty to society to do whatever is in his power to prevent the marriage of feeble-minded and epileptic persons.

DEAF CLASS.

Time will not permit me to do more than refer to the most excellent and wonderful work being accomplished by the teachers of deaf pupils. In these classes are placed pupils whom we have been in the habit of calling deaf and dumb, but we will have to omit the term "dumb", as they are talking with suprising ease.

What we physicians should bear in mind is that total deafness often produces loss of speech and that it is our duty to conserve as much hearing as possible. Whenever a case of chronic otitis media comes under our care, which has existed for weeks, instead of advising against an operation we should advocate operation as the only way to save the hearing. Likewise the profession should look upon the involvement of the ears secondary to contagious diseases as a very serious complication and institute vigorous and efficient treatment.

On examining the pupils in these deaf classes last year I advocated operation in some cases for the removal of adenoids, nasal obstruction and enlaged tonsils, with the hope that such operation would make it possible for the pupil to articulate with greater ease and perfection. The physicians consulted only operated on these cases after hearing my argument, as they were not pronounced mouth breathers. The teacher now (some months after) reports that there has been quite an improvement in these children's power of speech, especially as to clearness.

TRACHOMA CLASS.

During the year 1910-1911 there were over one hundred pupils suffering from trachoma excluded from schools in Newark. All these cases were investigated and found to be correctly diagnosed. The exclusion of these pupils was a necessity for the protection of others, but nevertheless was a great hardship.

Were these pupils assigned to special classes for such cases, apart from other pupils, they could keep up in their studies while the cure of the disease was being carried out. It will be remembered that it takes anywhere from one to twelve months or longer to cure a case of trachoma, depending on the severity of the infection and also on the mode of treatment. This, therefore, is a necessary provision which ought to be afforded these pupils and would result not only as a benefit to the pupils, but to the school, as a saving in attendance.

SEX HYGIENE.

During the past few years much has been said and written for and against the instruction of pupils in matters of sex hygiene.

Most of us admit the necessity of enlightening all children at some period in childhood on such matters. It is, however, still an open question as to how and by whom this should be done.

It is my judgment that if possible the parents should give the instruction. Nothing but harm could result if this task were placed in the hands of *all* teachers or *all* medical inspectors. It requires especial ability, knowledge and personality in the lecturer to carry this through to a successful end. No doubt it will be possible to find in each large school at least one teacher with the personality fitting him or her for this work. This teacher should make a special study of the subject of sex hygiene. Having this knowledge she will be able to the physiological moment when such instruction is necessary for a pupil. Whether this instruction shall be given to all pupils in a school will depend somewhat on the skill of this teacher and the demand in a given school.

SCHOOL FURNITURE.

For years it has been apparent to myself and assistants, as we conduct our work in the schools, that in many instances physical defects, such as curvature of the spine, round shoulders, inequality between shoulders, eye defects, deformity of the chest, are being produced by improper seating of children. An investigation of the seating in sixty-two schools in our city brought forth the fact that 15% of the pupils present at the data was collected, were improperly seated, either in desks too large or too small. When we keep in mind that the bony framework of young pupils between the ages of four and five is still plastic and can be molded into abnormal positions if required to sit or stand improperly, this then appears as an important subject for investigation. Too little attention is paid by school architects to the amount of light, direction of same, coming into school rooms, and the seating arrangement of the rooms, on drawing their plans. Greater physical benefit would accrue to pupils and teachers if as much attention were paid to the interior construction as is paid to the exterior beauty of the building.

What waste of public funds it is to carry on, at great expense, of time and money, a course of physical training for all pupils, giving each pupil advise as how to stand and sit correctly, and what it may result in if ignored, and then straightway to put him back into seats and desks which compel him to assume an incorrect posture.

SCHOOL CLEANING.

That dirt is present in all school buildings will be admitted. This dirt dries and blows about in the rooms, carrying on its back,so to speak, the germs of disease, getting into the eyes, nose, throat, and lungs of pupils. It is, to say the least, an irritant, and often the means of infection. Such diseases as scarlet fever, diphtheria, measles, chicken pox, pink eye, conjunctivitis, tonsillitis, colds, can, in my judgment, be spread to others by dust in the air of the classrooms. If this admitted no means should be neglected for eradicating the dust and dirt from the school buildings: Every effort should be made to instruct janitors as to the daners and necessity of removing dust and dirt from a health, as well as an æsthetic point of view.

In all my visits to schools I have never seen a mop and scrubbing brush in use. I would advocate this method of removing dirt. Give me scrubbing brushes, soap and water, and good strong women behind them and I could keep a school as clean as any public building. Fewer male janitors and their following of poorly paid boys would help wonderfully in cleaning up schools.

The school floors should be oiled at least twice a year. This had best be applied during Chritmas and summer holidays. It has taken years for the Board of Education in Newark to become convinced that oil should be used. The objection raised is that it might, if not properly applied, soil the skirts of the teachers. My answer has always been, which shall we value more, the skirts of teachers or the lives of pupils, and teachers. It has also been argued that the dirt of the air will stick to the floor. I have answered that I hope it will, for it is better there than in the air, to penetrate the bodies of pupils At last our Board of Education has determined to oil all school floors this summer and it remains to be seen whether there will be the same amount of disease next winter.

The vacuum cleaner is a very excellent means, when obtainable, to remove dust and dirt and should be installed in all school buildings. It must be remembered, however, that all the latest appliances installed in a school building will not keep it clean unless there is an intelligent, willing and active force to operate them.

Fumigation of School Buildings.—This is a means employed in our schools for rendering them bacteriologically clean. For the past two years our Board has employed a man to devote his whole time to the fumiga-

tion of school rooms and buildings. This is done with formaline gas, generated in a machine with heat. The cracks are filled with cotton, the gas run in through a hole in the door, and the room allowed to remain closed for eight or ten hours. It is then opened by a janitor and well aired.

This fumigation takes place not only on discovering contagious diseases in a room, or when a given school district is afflicted with an unusual number of contagious cases, but it is carried on systematically throughout the entire year, winter and summer, particularly on Saturdays and Sundays and vacation periods, cleaning the whole building from cellar to roof, with the hope of preventing the occurrence of disease, rather than waiting for it to occur before adopting this procedure.

It is a remarkable fact that during the past year there has been a 50% reduction in both the number of cases of diphtheria and scarlet fever among the school population, as compared with the previous year. The number of buildings quarantined throughout the city has been reduced 40%, meaning that the diseases have been confined to a more cirumscribed area of the city. During the same year there has been a decrease of 40,000 days lost by quarantine over the previous years. This saving in attendance alone justifies the expenditures in the schools for fumigation.

This splendid showing cannot be all due to our efforts, but some small part of it, I feel sure, is the result of this thorough cleaning. Add to this, now, the scrubbing of floors by women, oiling of floors, use of vacuum cleaners, and I feel sure the dangers of contagion will be still further reduced.

COST OF MEDICAL INSPECTION.

It cost thirty-one cents per pupil, based on the average enrollment, to run the department of medical inspection during the year of 1909-1910. This is nine-tenths of one per cent. of the total per capita cost that year. A small fraction of the whole to be spent for the improvement of the physical welfare and health of the pupils.

During the year 1910-1911 there was a large increase in the number of medical inspectors, from sixteen to thirty-seven adding an additional $5,000 to the cost of the department, which brings the per capita cost to forty-one cents. The increase work and results, however, have justified this additional cost. That there were 40,000 fewer days lost by quarantine in the year 1910-1911 than 1909-1910, also that there was a 50% decrease in the number of buildings in the city quarantined in 1910-1911 than 1909-1910 shows a gain in public health, and consequently an increased attendance. That in the year 1910-1911 there were 35,659 more inspections made by the department, with 843 fewer exclusions. Likewise, 15,625 more physical examinations, show gain in amount of work and character of same.

In this paper I have purposely omitted reference local statistics, feeling that they might not be of interest at this time.

In conclusion let me urge the profession to do its part in preventive medicine both by taking active part and by co-operating with those outside of the profession who are working for the improvement of the public health.

THE OBJECT AND INTENT OF MEDICAL INSPECTION OF SCHOOL CHILDREN.*

By Joseph MacDonald, Jr., M. D.,
East Orange, N. J.

The results of the careful investigation of medical inspection in the schools made by the Russell Sage Foundation yields the following basic reasons for such inspection:

1—"The school is the only governmental department that directly assumes control of childrens' lives."

2—"At least nine out of every ten American children are subject to this control; and

3—"Such control is maintained (roughly speaking) during the critical years from seven to fourteen."

Of course it is implied in the second of these statements that this control is legal and that attendance upon the schools is compulsory. It would almost seem as if a corollary of this should be the governmental obligation to fit the education to the individual child under both physical and pedagogical direction of the best possible sort.

There is some reason for differentiating at once between medical and educational aims. Medical aims have been curative and preventive, while educational aims have been developmental. Medical records have been those of disease and deformity and educational records have shown that growth, exercise, cleanliness and so forth are the essential things to be sought for the child's environment.

*Read at the 146th annual meeting of the Medical Society of New Jersey, Spring Lake, June 12, 1912.

These two aims have been sought by both educators and medical men interchangeably. Through our Boards of Health we have sought administrative assistance for the welfare of the community in the prevention of the spread of communicable diseases and from our Boards of Education we have, at least expected, an increasing efficiency in the physical setting for the child entrusted to its care and increased efforts toward the adaptation of the child to the curriculum and of the curriculum to the child.

Historically, inspection for the detection of communicable diseases alone is the older form of governmental interference. This form of medical inspection must be distinguished from the methods under consideration. The first means the co-operation of the Board of Health because of its legal authority, the second needs the co-operation, and a very intelligent co-operation at that, of the Board of Education, because an effective medical inspection demands the constant attention of teachers with reference to sight and hearing of the children, not forgetting that parental sympathy and encouragement are of supreme importance.

The question whether the inspection of these school children shall take place in the school is one merely of practicability; but since children are collected together there for so many years of their lives, it becomes a matter of convenience to delegate this responsibility to the educational department of the State. Two of the strongest arguments for the necessity of such official control are: (1) "The presence in the schools of children suffering from preventable and remediable diseases," and (2) "the great amount of parental ignorance as to the elements of healthy living, and of the importance of preventing physical disabilities in their children."

To best bring before you the lack of knowledge by parents of the physical shortcomings of their children and the benefits of medical inspection, I quote from my record as chairman of the Committee on Medical Inspection of the Board of Education of East Orange, N. J., covering a period of 23 months from February, 1910, to December, 1911, with a total of 13,781 inspections. This report presents the conditions of school children in a suburban city which is not loaded with alien population.

There were 1,713 pupils found with defective teeth, of which 1,216 were discovered in the first ten months of our work of inspection, and only 497 cases reported during the last 13 months of school work, thus showing that prompt action was taken by a large percentage of parents in having their children's teeth cared for.

There were 534 cases of enlarged or diseased tonsils reported, of which 233 received medical or surgical attention. One hundred and sixty-seven children were found to be affected with adenoid growths, and upon recommendation, 77 had the growth removed or were under treatment.

Of the eye, 350 pupils were found to have defective vision. One hundred twenty-five of this number consulted oculists and as a consequence errors of refraction have been corrected. Of the diseases of the eye, such as catarrhal and follicular conjunctivitis, there were a number of cases found and all were acted upon according to the recommendation of the inspectors.

There were 53 cases of defective hearing reported, and of this number 39 were taken by the parents to their family physician or aurist, and were treated or are now under treatment. Only children who appeared hard of hearing in the class room or in ordinary conversation, or who paid no attention to questions in the usual tone, had notices sent home. It is a very difficult matter to accurately test the hearing of children, except by prolonged observation.

Of the diseases of the skin, there were 17 cases reported and 15 cases were put under treatment.

Twenty-two cases of orthopedic defects were noted and 12 received treatment. Five were cases of bow-legs and knock-knees. Seven cases were curvature of the spine unknown to the parents. These were all taken to an orthopedic surgeon or hospital. There were also two cases under this heading of probably the beginning of tubercular joint infection.

There were 55 cases of heart irregularities found and 53 immediately taken under advisement and treatment by the parents of the children. Some of these pupils were candidates for athletic contests, their condition, of course, preventing their participation.

There were two cases of ganglion of the hand observed and recommended for treatment.

The following cases were infectious or communicable and were excluded: Measles (for infection and quarantine), 198; scarlet fever, 33; whooping cought, 38; mumps, 14; chicken-pox, 24; pediculosis, 70; trachoma, 6 (in one case of trachoma the sight was badly impaired, but its discovery and prompt treatment saved the eye); impetigo

contagiosum, 28; diphtheria, 17 (under the above heading, 12 cases were excluded as suspicious until a culture from their throats could be made, and the exact character of the diseases determined; three of these proved to be diphtheria); ring worm, 7; pink eye, 14 (of this number two were teachers); scabies, 8; catarrhal conjunctivitis, 5; otitis media, 2; acute bronchitis, 15; acute appendicitis, 1.

A large percentage of these cases would not have received medical attention but for the discovery by medical inspection.

Could a more convincing object lesson of the necessity of a careful medical inspection of school children be given and this in a city where the parents of the children are supposedly intelligent and observing? Under the broadest definition it is claimed that about 50 per cent. of school children, particularly in cities, have been found to be defective in some way; this, of course, including teeth, hearing, vision and other physical defects and conditions coming under the requirement of medical inspection.

Many cases diagnosed as anæmia, are frequently due to improper feeding (parental ignorance) and to poverty. Not a few parents take it for granted that because the girl at puberty is pale that "it is just natural for her to be pale;" that the girl who sits one-sided has "a habit of sitting one-sided;" that the boy who looks sideways at his book "has just always done that way," and then they wonder why their children do not keep up with their classes. It must, therefore, become apparent that in order to prevent educational waste which is the intent of medical inspection, both from the standpoint of the individual child and from the educational purse, that we must prevent and remedy as many physical evils as possible.

Figures given by Dr. Ayers, of Columbus, Ohio, covering retardation, show that the cost of "repeaters" in the schools of Columbus, Ohio, was $111,317 during the years 1905-06; that is, it cost Columbus all this money to bring up for a second time through her lower grades her 16 5-10 per cent. of retarded pupils. Perhaps this is the only instance that we shall be able to give of the evil of retardation from the taxpayer's side, since the importance of the physical and educational arguments are to dominate this discussion, but it is a strong argument and could be effectively used, especially in rural districts where the cost of medical inspection seems to be the bone of contention.

The falling behind of a child one year in class work as the result of physical defects means much, not only to the pupil, but as an economic factor with the parent. This point should prove effective with the parent of the city pupil and bring ready response to the inspector's suggestion of treatment.

To realize fully the object and intent of medical inspection of school children, some State uniformity must be established and it should be under State control if we hope to approach the ideal. The law passed in 1909 permits the controlling authority to be either the Board of Health or the Board of Education; as a consequence there is no uniformity of effort with the consequent lack of uniformity of results. The State Board of Education assists in this work only to the extent of furnishing, upon request, record cards for yearly recording of physical inspections, but it is incomplete and quite as unsatisfactory.

There is no uniform card in New Jersey other than that referred to which demands yearly records under the following headings: Weight, height, inspiration, expiration, lungs, heart, ears, defective vision, throat, teeth, naso-pharynx, nasal septum, general condition and date of last vaccination, with no space allowed for date of inspection or by whom the child was inspected or for such important conditions frequently found as orthopedic defects, skin diseases, nervous disorders or hernia.

There is a decided opinion that the medical inspector should be a very capable man, well equipped and well paid, to which we all agree. To expect a competent man—and if he is not competent the whole structure falls—to devote his time to this work without adequate recompense is unjust. Good men will serve if properly paid and it is economy to employ competent physicians in school work.

Professor Osler, in speaking of the work of medical inspection in England, says: "If we are to have school inspection let us have good men to do the work and let us pay them well."

The function of the school doctor in relation to the children of the schools is often mistaken even by medical men. It is no part of his duty to prescribe or to treat any individual case. His work is preventive. He can call attention to the need of glasses but he has nothing to do with prescribing them. He may notice the presence of adenoids, but he takes no part in their removal. The advisability of not prescribing is too apparent to be even commented upon.

To the physician in practice not associated with school work, medical inspection should be considered not only a financial assistance but an opening of new doors of opportunity. The fact that prescribing is never done except in emergencies by the school doctor, but that the patient is always referred to his or her own physician, means many opportunities for effective work by the private physician which the ignorance of the parents might have impeded.

The work of medical inspection can never reach its ideal until the public is not only taken into the confidence of the medical inspector but accepts the fact that the work is primarily for children.

In England the greatest co-operation with the parents is sought. The school doctor not only arranges personal conversations with individual parents and arranges a series of short discourses on health for groups of parents, but he makes his first examination for physical defects and cleanliness in the presence of the parents or guardians. It is very important to consider the rights of parents in this regard, especially if the child must be stripped for examination, which is the only effective examination for reaching satisfactory results.

In summarizing I would say that the object of medical inspection is the prevention and limitation or extension of infectious or communicable diseases; the discovery of physical irregularities and their correction through recommendation. The intent is the improvement in general teaching facilities and results, as it can be understood that if a child has no bodily ailments, its power of absorption and mental expansion are not handicapped, which is a saving in time to the teaching force. As previously referred to, with children handicapped as many of them are by physical shortcomings, it means their falling behind in studies, thus necessitating a longer period in school. The economy of medical inspection should be considered by both the parent and the school boards. Physically deficient children mean longer time with increased cost of teaching force, which necessarily adds to taxation as well as additional time the child spends in school beyond the normal period.

In closing I wish to express an opinion that the medical inspection of school children in New Jersey outside of our large cities is largely a farce. This opinion is not only based upon observation, but is the statement of medical inspectors now trying to do their work. Little if any assistance is given them by the State or by the local boards of education, whose principal aim seems to be to comply with the law as it is expressed but not with the intent as it should be.

Too much thought and consideration is given to the cost and too little if any to the benefits derived from careful medical inspection.

How is the object and intent of medical inspection to be accomplished as is the intent of the law that it shall be?

First. By the appointment of a State medical school inspector as a member of the State Board of Education.

Second. By the preparation of uniform blanks by the State Board covering individual record cards for yearly examination; recommendation cards for treatment and exclusion cards for infectious or communicable diseases.

Third. By requiring that duplicate reports shall be sent by the school inspectors to the School Boards they are serving, and to the State Board at Trenton; thus with other essential details, too numerous to mention, a most important department could be built up that would prove not only a great saving in expense to the community, now expended in carrying along physically deficient pupils, but would give us a stronger race of men and women physically and mentally.

DISCUSSION OF DRS. HOLMES' AND MAC DONALD'S PAPERS.

DR. EDWARD A. AYERS, Branchville, opened the discussion. He said: I have not much to say in the matter of time, but a good deal in quality. Pardon my apparent egotism. This is the place to discuss the issues involved in medical inspection. We get here a great variety of views. Everyone in this room, I think, must arrive at the conclusion that one thing is urgently needed, and that is a crystallization, after careful work and study outside this meeting, of the whole subject of uniform State Laws, for adjustment, for co-operation, and for standardization. We have in most of our public medical work a purely experimental attitude. We do not procure legislation. We are like moles in the ground. We know what we want; but when it comes to public statutory work, we are rather at sea. We have laws passed, which afterwards have to be changed. There was one permitting boards of education to employ medical inspectors. Very few of the boards did it. Then it was made compulsory. They do it now, but on the most parsimonious system possible. They get contract bids. I was asked to bid, and refused. Several of us are going to present this afternoon, at the business meeting, a resolution that calls for the appointment of a committee, carefully selected, which shall take up this question and work it out. We cannot do it here.

It must be done in the study room, in order to put it in shape. We need a State Medical Superintendent of Inspectors, to begin with, who shall see that the best results are being obtained throughout the whole State. He has a great work to do. He must be broadly educated. He must get this subject into the best state of standardization, so that we shall not have as many methods as there are inspectors. I hope that the proposition will receive your approval. We want the most efficiency with the least cost. The public does not realize the place that hygienic and preventive measures have in public expenses. As I said at Atlantic City, we are struggling here to exterminate mosquitoes; and we have only one example of successful work in this direction, in the Panama Canal Zone. That is because of the great military efficiency behind the work there. We have not approached that. We must have more money to do it with. The public must be brought to realize that in order to accomplish any of these results with success, the necessary funds must be given.

Dr. Charles A. Rosenwasser, Newark: I should like to ask Dr. Holmes how we can improve these conditions. Is it not a fact in the city of Newark, the salaries of the medical inspectors have even been reduced, while, at the same time, they have had additional work piled on them? Who is the person to say to the doctors what they shall do and who is to pay them? As for having nurses to do the work of the doctors, that has been tried in New York City, without success. If a doctor gets eighteen or twenty cents to go to a school and sit there an hour or two, how can it be otherwise than that he will grab a case now and then from some one else? I do not do this, because my patients do not go to school. The solution lies in one word only. You must pay a man a living wage, and he must devote his while time to the work; and a man should not be allowed to send school children to his especial friends.

Dr. Gordon K. Dickinson, Jersey City: I think that Dr. Rosenwasser has hit the nail on the head. Two things withhold our Boards of Health from appointing an inspector. One is the cost; and the other, the people who appoint the board. On one side we have politics; and on the other side, we have lack of money. We have in New Jersey, as it were, a fine automobile; but all its tires are punctured, we have no gas, and no money to buy gasoline with.

Dr. D. C. English: I want to call the attention of every medical man to one or two thoughts—Dr. Osler once remarked, "Let us have good men to do the work, and let the work be well done." Another thought is contained in the remark in the paper, that, outside of the cities, medical inspection is almost a farce. I want to endorse Dr. Ayers's remarks about a head for this entire work. I do not wish to take your time; but I would ask you to read the editorial in the June issue, on Preventive Medicine, in which I take the position that the Board of Education should have the best medical man procurable on it, and that he should have entire charge of medical inspection, hygiene, sex hygiene and every other medical subject connected with the teaching in or the management of our public schools.

Dr. Thomas A. Clay, Paterson: I am surprised to hear one of the doctors intimate that medical inspectors steal patients. I happen to be a medical inspector, and am associated with six other medical inspectors; and they have the happy faculty of referring every case to the family physician. They do not treat the children or advise about the treatment. I think that the school nurse is a necessity. In the city where I am, the teachers of a public school paid the salary of the school nurse for a year,, and proved that the inspection was improved thereby one hundred per cent. I believe that we should have an association of the medical inspectors of the State, so as to get together and study the subject; also to have laws passed whereby defects in children may be corrected.

Dr. William G. Schauffler, Lakewood: I want to correct a misstatement. The medical school inspectors in this State are appointed by the School Board of the district in which they work. Their compensation is adjusted by these school boards, in accordance with the wishes of the voters; and they are poorly paid, because the voters do not realize the importance of getting good men to do the work. Country inspectors are, however, as a rule, better than Dr. English thinks. Many rural inspectors do the work under hard conditions, and are doing it well.

Dr. Carl E. Sutphen, Newark: I listened with especial interest to Dr. Holmes's paper, but I rather wish to take issue with him in regard to one point. He says that our hospitals and clinics are held at inconvenient times for these school children. I think that one who has had experience in our city clinics will feel that we have sufficient clinics to-day, to take care of our poor people. In fact, they are very much abused to-day; and I would enter a severe protest against establishing a new clinic run by medical inspectors of schools, to take care of school children. The amount of time that the child loses in going to a public clinic is a mere trifle as compared with the fact of establishing a new set of clinics, when we are already overrun with them.

Dr. E S. Sherman, Newark: In response to Dr. Rosenwasser's request to know who it was that outlined the work in Newark, I will say that I have outlined the work there. Of necessity, in any department, in any character of work, the work will grow, whether the salary grows or not; and you have to go on and on, and become more and more efficient. As to the salary's being cut down, it was cut down, and then put back again. It would not make any difference what you pay any professional man to take the position of medical inspector, he cannot hold it forever. There is a limit to his stewardship. He will hold it until his private work becomes so great that he has to choose between it and the school work; and the boards of education can never pay a sum that will warrant medical inspectors in ignoring private practice absolutely. Unless they adopt the proposition of having the nurses do the general medical inspection, and have a few doctors to supervise the work of the nurses, the doctors will be unable to attend to this work and their private practice, too. So far as the character of the physicians goes (I can speak for Newark), we have the best of the younger men—doing excellent work for a mere pittance; and I doubt very much whether, if they were paid one thou-

sand dollars, we could get better work than we have to-day. As to the nurses, I think that it would be a bad department without school nurses. In regard to special clinics for school children, that is not my idea; though they are in operation in England, with great success.

(This discussion was continued after the reading of Dr. Tomlinson's paper, which was one of the series on medical inspection and which we regret was not set up in time for this month's Journal. It will appear with the further discussion in our next issue.—Editor.)

A DISCUSSION OF PRESENT-DAY FEEDING PRINCIPLES.*

By Francis H. Glazebrook, M. D.,
Morristown, N. J.

I shall endeavor in this paper to review and discuss in a general way the more recent opinions upon the nutrition and feeding principles of infancy.

In reading on this subject one is struck by the conflicting statements and opinions of the various pediatrists. We find some claiming excellent results with one feeding principle, while others find the same principles harmful; and so it has been with some difficulty that I have tried to sift out of the mass of literature for your consideration that which, to me, from experience, seems the most useful to us as general practitioners.

Practically all children born have a birthright of health, yet one-third die within three months. Fully eighty per cent. of the deaths during the first year are the result of improper feeding, and a certain percentage of those surviving are the victims of one form or another of faulty metabolism. We find no such condition of affairs as this among the lower animals; even the wild animal, regulated entirely by nature, rears its young without difficulty. So, evidently, this evil is the result of civilization, and it would be well for us to bear this in mind and see to it that in our scientific enthusiasm we keep nature in mind.

The one fact particularly emphasized by recent research is that the human infant should have its own mother's milk, and that the percentage of mothers unable to give it could be reduced at least 50 per cent. by intelligent effort on the part of medical men. "Human milk certainly contains some particular element essential to the well-being of the infant, and it is impossible to humanize cow's milk or any other artificial food." Chapin calls attention again in a recent article to the biological factor in infant feeding, in these words: "In all forms of animal life the mother supplies specialized forms of food to the young until the digestive organs are developed." We have all seen the great assistance to digestion and assimilation of cow's milk afforded by very little mother's milk.

Much very valuable work has been done upon the subject of metabolic disturbances of infancy, and many important facts have been ascertained; yet much is still theoretical and there are many differences of opinion. However, we can derive out of the whole much valuable and practical information. Not only the medical men, but the world at large is beginning to realize that infancy and young childhood is the most important period of life, being the developmental period. Seventy-five per cent. of the disturbances of this period are nutritional in character and largely preventable, and I do not believe I exaggerate when I say that right here may be decided the question of the future health of the individual.

The study of metabolic disturbances of later life prove beyond question of a doubt that intelligent quantitative regulation of the diet during infancy and childhood will reduce greatly the percentage of disturbances of metabolism of later life.

Physicians everywhere are now alive to this important branch of medicine and the old haphazard method of dealing with the infant and young child is no longer justified. Our duty to our patient demands a thorough knowledge of the principles of pediatrics.

The vital processes of infants are very susceptible and easily thrown off their balance, and the processes of tearing down and building up must proceed without intermission; any interference with these processes is sure to result seriously in a very short time.

The question of nitrogen balance has been one thing to receive considerable attention recently, and one interesting observation is the great difference between the nitrogen metabolism of the infant and that of the adult. This has been ably pointed out in a recent article by Schwarz in these words: "In the adult, when in health and taking a proper amount of food, there should be just a nitrogen balance, but in the infant of health there is marked retention, for the latter is a growing organism and needs more nitrogen for its increase in

*Read at the meeting of the Morris County Medical Society, June, 1912.

weight and growth. It is very difficult to bring an infant to a state of nitrogen equilibrium. This can be done, however, by reducing the protein intake sufficiently, but such a diet will be entirely below the requirements necessary to retain weight. If this is done, and then protein added slowly, the infant will immediately begin to retain nitrogen, although the food values may still be much below the required amount. This explains the phenomenon of nitrogen retention with no gain in weight.

In regard to the addition of fat and carbohydrates to the food, fat does not save nitrogen and the utilization is the same. But the influence of carbohydrates on the nitrogen metabolism is very marked, nitrogen being saved partly by the fact that the child does not need to draw as much on its protein as it has plenty of sugar. It has been shown that a very small amount of barley diluent increases the retention and utilization of nitrogen way out of proportion to the slight increase of proteid and carbohydrates in the barley; just what this is due to is not known. This action on the carbohydrates will not work in those cases which do not stand sugar well. In these cases the addition of sugar causes marked loss of nitrogen.

Any alimentary disturbance causes interference with this action. In a comparison of healthy bottle babies to breast babies of the same age, it can be said that the retention and the utilization is at least as good if the artificial feeding is properly conducted." (Schwarz, *American Journal of Diseases of Children.*)

The most rapid growth in life takes place during infancy, and as protein is the chief tissue builder, it is most necessary that the food contain liberal quantities of the tissue-building element. In the artificially fed new-born child about one-half of the nitrogen introduced is excreted in the urine. In the naturally fed child only one-fifth to one-seventh is given off. This is certainly evidence of a fundamental difference between artificial and natural feeding.

Let us consider for a moment in review the difference between the proteid of cow's milk and that of woman's milk. The former is about 15 per cent. albumen and 85 per cent. casein, while the latter is just the reverse, containing a large percentage of a soluble albumen and a small percentage of insoluble casein. This difference in proteids again suggests the influence of food from a biological point of view; in other words, "the appropriateness of mother's milk for the species for which it is designed." We cannot ignore this fact and feed babies successfully.

Meara recently pointed out the fact that "casein is an insoluble, irreversible, coagulating colloid, while lactalbumen is a soluble, reversible, or protective colloid, and we have just stated the difference in the proportion of these two colloids in cow's and mother's milk. We also know that a reversible colloid added to an irreversible colloid will protect it from coagulation. It is simple now to understand the difference in coagulation of cow's milk and mother's milk when subject to hydrochloric acid and rennin, and to explain the favorable action of adding some reversible colloid as gelatin or cereal to cow's milk."

Upon this theory many substances have been added to cow's milk to prevent the formation of tough curds in the stomach. Gastric juice only acts on that portion of the food stuff with which it comes in direct contact. This calls to mind an important fact in the artificial feeding of infants. The digestion of mother's milk which coagulates in soft friable curds, is completed in about one and one-half to two hours, while in the case of cow's milk, about three hours are required.

Some years ago in an article on infant feeding, I called attention to the fact that the boiling of milk made it more easily digested by the feeble infant. This was contrary to the common view of so-called authorities at that time. In a recent article by Brennemann, the explanation of this is clearly given. He says: "If undiluted cow's milk that has been boiled for five minutes is treated with rennin at body temperature, very significant differences are soon apparent when compared to raw cow's milk treated in the same manner. Coagulation is not only delayed but even at the end of half an hour the curd is very soft and friable, almost like custard. If we repeat the experiment with diluted boiled milk, there is almost no coagulation, only a slight thickening." (Brennemann, *American Journal of Diseases of Children.*)

One important point in regard to feeding boiled milk is the length of time it is boiled. The longer we heat it, the less firm the coagulation. This is a simple method of converting the curd of cow's milk into a curd like mother's milk, and makes it possible to feed a higher percentage of proteid. (Pasteurized milk acts under such treatment like raw milk.) In regard to the nutritional value of boiled milk, I can only say

that I have used boiled milk with cereal dilution extensively during the last four or five years in feeding feeble infants, and have seen no ill effects. I have had such babies thrive on it, which I feel certain from experience would have died on raw milk in any form, and I think there has been much unnecessary exaggeration and fear of scurvy, rickets, and other nutritional disturbances from its use. It certainly deserves important consideration in the feeding of feeble infants.

A more probable cause of such nutritional disturbances is extreme dilution of milk or under-feeding, and the longer the period of under-feeding continues, the more intensive are the symptoms of malnutrition, and as far as rickets is concerned, it seems to be the concensus of opinion that the character of the feeding has little to do with its causation, for it occurs with all sorts of food. Chronic indigestion characterized by excessive acidity acting on the calcium salts is a very probable factor in the causation of this disease, together with the absence of fresh air, sunshine and proper hygienic surroundings. I will go further and say of all the disturbances of growth and general nutrition during infancy, that while the influence of infection or toxines or heredity or physiological chemistry are interesting though unsettled problems, that these can only be considered as secondary influences, and to my mind faulty feeding is primarily the etiological factor.

Excessive proteid is liable to lead to improper digestion and consequent putrefaction. Morse calls attention to an important fact—"that the breast-fed infant will sometimes go months without a perfectly normal stool and yet thrive perfectly, while if it had such stools on cow's milk it would not thrive, and soon show evidences of malnutrition. The proteid of mother's milk resists putrefaction and the high percentage of sugar encourages fermentation, hence the absence of putrefaction in the healthy breast-fed baby." (*New Orleans Medical and Surgical Journal,* August, 1910.)

The influence of fats on digestion has recently been the text for a number of interesting articles, and the following important facts have been conclusively demonstrated:

High fat in the food tends to delay stomach digestion; therefore, the higher the fat the longer the time required for gastric digestion. "If a low fat, say 1 per cent., is fed, the infant will become hungry soon after feeding and want to be fed more often; so the intervals of feeding and the amount of food taken will depend in a measure upon the amount of fat present in the food, and the amount of food taken decreases the richer it is in fat." (Bleyer, *Archives of Pediatrics,* March, 1910.)

It was formerly believed that the proteids were the cause of most of the digestive disturbances in infants, but now we hear that this is wrong, that it is the sugar and that only in the presence of sugar are the fats and proteids harmful. Nevertheless, the large, leathery, sour curd so often seen in vomiting babies, never occurs in feeding without fat. It is the fat that is usually responsible for the vomiting in infants, and this is due to the fact that it delays the secretion of gastric juice and is the last of the constituents of milk to leave the stomach.

A fat-splitting ferment has been recently demonstrated by Sedgwick in the stomach of infants, "and as casein when it coagulates entangles the fat in its meshes, unless too large a percentage is ingested, only a small amount is set free at a time and the digestion proceeds normally. When the food is emptied into the duodenum the remainder of the fat is split by the pancreatic juice. In healthy babies given a proper amount of fat, the percentage of absorption is very high—over 90 per cent. Neutral fat or unsplit fat is not absorbed and undoubtedly produces increased peristalsis of the small intestines. This results in the fall of fat absorption and interferes with nutrition." (Talbot, *American Journal of Diseases of Children.*)

Excessive fatty acid in the intestinal canal attracts calcium from the tissues, leaving an insufficient amount to neutralize absorbed fatty acids, resulting in acidosis or toxemia; also a possible influence in the etiology of rickets. From this it is evident that large amounts of fat can do a great deal of harm to all babies, and especially to those who have diminished powers of digestion. Such babies are unable to digest even a normal percentage of fat and the neglect to recognize the early symptoms of this error in feeding is a large factor in the causation of infantile atrophy.

Howland has demonstrated that infants whose digestive powers have not been previously lowered by errors in feeding or by infection, may be fed large amounts of fat without symptoms of indigestion or intoxication, and that they develop normally so long as they have no intercurrent infection.

What effect the boiling of milk has on

the nutritional value of fat is an undecided question, but my experience leads me to believe that it has no appreciable influence and I find through personal correspondence that this is the opinion of Dr. Brennermann, of Chicago, whom I have quoted previously in this paper.

I never feed high fat mixtures—never over 3 per cent.—to healthy infants, and seldom as high. The idea which prevails among mothers that the addition of fat to the food will relieve constipation is erroneous. If such action results it is due to the irritation of unsplit fat; more often the constipation is increased, the stools becoming dry and soapy. In infants with feeble digestion even a small amount of fat sometimes produces a troublesome diarrhœa of an acid nature. This may be controlled without reducing the fat by the addition of lime water to the food. In all difficult feeding cases it is the fat that must be much restricted, and as improvement takes place it should be added cautiously.

The importance of sugar in feeding mixtures for infants has been recognized for a long time, but since Finkelstein's late work on this subject, an entirely new conception of the digestive disturbances of infancy has been given us. The result of this has been to stimulate much investigation and almost every well-known pediatrist has had something to say on the subject of sugar during the past year or two, and as usual there have been almost as many differences of opinion as there have been articles.

So many accounts of Finkelstein's theories and his preparation of "Eiwissmilch" have been published, that I will deal with this very briefly, taking more time for the discussion. He excludes infection as a common cause of diarrheal diseases of infancy and believes that these diseases originate in a functional weakness of the intestine and that this weakness is kept up and increased by fermentation.

In the past it has been thought that proteids and fats were the chief sources of such disturbances, but Finkelstein has concluded from his experiments that milk sugar is the cause of fermentation and that only in a medium of cow's milk whey are the fat and proteid harmful. Also that under these conditions the acids in the stools use up the calcium and magnesia and there is lessened retention of salts by the body, producing a condition of acidosis. He has, therefore, devised a scheme for the removal of milk sugar from cow's milk. Buttermilk is then added to obtain the good effect of the lactid acid and to replace the salts. Good results are claimed for this food in diarrheas due to fermentation and putrefaction, with or without toxemia. In other words, in all acute exacerbations of chronic conditions or in primarily acute toxic diarrheas.

The reports by men in this country who have carried on experiments with this food are decidedly conflicting. Personally I have not become especially enthusiastic and I am not satisfied that this method should be used as routine in all such conditions, even if one succeeds in preparing it correctly. Finkelstein explains all failures in this country to faulty preparation.

We all know that excessive sugar produces severe disturbances, but I do not believe that the resulting symptoms are those of a severe toxemia or infection. In a recent article by Dr. Schultz, under the heading, "A Study of the Pyrogenic Action of Lactose," he says in conclusion as a result of his experiments:

"1. Lactose, if given intravenously, subcutaneously or orally, possesses no distinct pyrogenic effect, no matter in what concentration or amount it is given.

"2. It does possess a definite though not pronounced influence on the temperature if it is given subcutaneously or orally in an animal with a diseased intestinal tract in combination with a medium containing a sodium salt, such as physiologic or Ringer's salt solution.

"These results, though definite, are hardly so to the extent expected when one considers the pronounced effect produced clinically by the administration of lactose in similar conditions, and are far from explaining the pathogenises of the fever occurring in alimentary intoxication"

Every difficult feeding infant or infant suffering from any form of indigestion is an individual proposition. The old saying "What is good for one may kill another," is "more truth than poetry." The etiological factor in the disturbances of nutrition may be any of the elements of milk, and a most important factor in the causation of feeding difficulties is the relation of the elements to each other.

I mean to say, if we feed a mixture where one element is so high as to be out of reasonable normal relation with the others, the disturbances produced by such a formula will result in indigestion, interfering with the digestion of all the elements; or, in other words, the over-feeding of either fat, sugar or proteid, will very soon destroy

the power to digest that element, and as a result, there will be difficulty in the digestion of all foods. And I still believe endogenous infection, as a result of putrefaction and fermentation, plays an important part in the cause of the toxæmias of such conditions.

That many feeble infants cannot take food mixtures high in cow's milk proteid there is not the question of a doubt, whether the sugar and fat be high or low. We have all seen such babies thrive on condensed milk which is high in saccharose and very low in proteid and fat; diarrheas will cease, digestion improve and babies who have been losing weight will begin to gain. I have seen babies who have failed to improve on "Eiwissmilch" do decidedly better on a condensed milk mixture.

This would certainly seem to indicate that the proteid and fat were as often factors in these disturbances as the sugar. Another evidence of this is the fact that children on ordinary modified milk formulas, in which the relations of the elements have been carefully figured out, and who have digestive disturbances, do better if the milk used in the formula is boiled, the formula remaining the same. This is certainly another evidence of the proteid curd as a causation of indigestion.

It seems to be agreed that we must expect a loss of weight when an infant is fed "Eiwissmilch" and that, according to Finkelstein's practice, as soon as the intestinal condition is improved, sugar must be added. The form of sugar which he uses is maltose. There have been cases reported in which it has been difficult to get infants back on sugar after feeding this preparation, "probably due to the fact that the sudden withdrawal of sugar causes a temporary interference with the secretion of ferments concerned." (Pawlow.) This effect, of course, may be serious.

We might say that a great sugar wave has spread througth the pediatric world since the report of Finkelstein's observations. An article of Leopold (*Archives of Pediatrics*, October, 1911) is especially worthy of note. He discusses the character of the different sugars—lactose, maltose and saccharose—and says: "These sugars are all di-saccharides and they must be changed by their ferments into mono-saccharides before they can be utilized by the body. Lactose and saccharose are converted in the intestines by their respective ferments and are then absorbed. These two ferments, lactose and saccharose, occur exclusively in the intestinal tract. The ferment maltose which converts maltose into its mono-saccharides, occurs in the intestines and also in other parts of the body, consequently maltose can be acted upon not only in the intestines, but if it passes through the intestinal wall or is injected subcutaneously; this probably accounts for the fact that the power of assimilation in the body for maltose is much greater than for lactose or saccharose, and an infant can tolerate a larger amount—twice as much—of maltose as either lactose or saccharose, without sugar appearing in the urine.

Lactose or milk sugar and saccharose or cane sugar are the sugars which have been most commonly used in feeding mixtures in the past, but lately maltose has occupied the centre of the stage. Lactose is rapidly broken down in the intestine and requires a longer time for absorption than either saccharose or maltose, and so has more time for fermentation. This action results in the prevention of putrefaction, and if not in excess is a natural defence against toxæmias from this source.

Maltose is rapidly absorbed and more slowly broken down; hence it is an advantage in some cases of feeding. Borrino (*Riv. de Clin. Ped.*, October, 1910) found that "the rapid increase of weight observed on adding sugar to milk mixtures corresponds to the lessened elimination of water by the kidneys; due to the presence in the organism of the products of assimilation of the sugars absorbed." The greatest increase in weight and the less elimination of water is with maltose and saccharose and may be attributed to the easier assimilation and absorption of these sugars.

Morse, in a recent article (*American Journal of Diseases of Children*, Nov., 1911) discussing Finkelstein's theories, reports favorably on the result of adding maltose with dextrin to "Eiwissmilch" (this, too, in spite of the fact that Finkelstein more recently states that he does not interpret the preparation of his formula correctly), but I do not see any special advantage in using such a complicated formula, as I feel certain that as good results can be obtained from many simpler mixtures. Even in those cases where sugar is unquestionably the cause of the disturbance, my practice in such cases is to omit the addition of sugar and use a cereal gruel as a diluent.

The use of cereal dilutions for milk has become almost general, there being many good reasons why they are of advantage.

Kerley, in a series of experiments, dispels the old-time notion that young infants did not have the power to digest starch, by conclusively proving in a large number of cases that feeding mixtures diluted with cereals, were, if anything, better digested than those diluted with water. The advantages of cereal dilutions are:

1st. The curd of the milk is made more friable, both on account of the mechanical action and the addition of reversible colloid to an irreversible one, thus preventing coagulation.

2d. They save nitrogen and less sugar is required. This is sometimes desirable in "difficult feeding" as cereals are practically unfermentable.

The cereals commonly used are barley, oats, rice and wheat, and as the contents of these are quite different, it would be well to bear this in mind in troublesome cases. Owing to the low fat and practically no fiber, I have been using rice extensively of late in my difficult feeding cases, and I am satisfied that it has a decided advantage over the others in such conditions.

The influence of the salts of milk on metabolism is as yet unsolved. In an interesting article by Hoobler (*American Journal of Diseases of Children,* October, 1911) he comes to the following important conclusions as a result of his investigations:

"1. Salts are necessary to maintain life.

"2. Salts are best absorbed and utilized when in organic combination with food stuffs.

"3. There are marked differences in the salts contained in mother's milk and cow's milk.

"4. Under certain pathological conditions certain salts are not absorbed, even though in abundance in the food.

"5. In certain others, salts are actually withdrawn from the body sufficient to produce grave disturbances of nutrition.

"6. In the usual dilutions of cow's milk there is an excess of salts which may be neglected when feeding normal infants, but which plays an important role in feeding infants already suffering from nutritional disturbances. However, the conditions under which they should be altered and in just what degree each or all of them should be varied, are still unsolved problems."

In regard to the influence of the ductless glands upon metabolic activity in infancy, as far as it known their action is about the same as in the adult, and one thing positively certain is that they are necessary to life. The thymus is the one of special interest as it is the most active during infancy. In regard to its influence on the mal-nutritive conditions, upon looking over many interesting articles, the conclusions arrived at are that it suffers atrophy more quickly than any tissue in the body and in fatal marasmus is found to be in an extreme atrophied condition.

"There is apparently an actual absorption of the thymic tissue and the degree to which this may go is remarkable, the gland often weighing one grm. or less." (Bovard & Nicoll, *Archives of Pediatrics,* September, 1906.) Animals from whom this gland has been removed die from a general slow wasting, though they are well fed.

Whether or not the degree of atrophy of this gland has anything to do with the question of recovery in these cases is a subject in which I have been interested for some time, but the literature which I have been able to find on this subject has not thrown much light on this particular question.

For some years past I have fed the powdered extract of the gland to atrophic infants and it has seemed to me that when these infants started to improve the improvement is more rapid and in some cases I have felt that there was a decided improvement, even in the active symptoms.

In conclusion let me say that in order to successfully feed infants, we cannot depend alone on some other man's book or formulas; one must, of course, have general principles as a guide, but we should ever keep in mind the individual factor, and have the ability to interpret results.

Low Percentages in Infant Feeding.

Protein, fat and sugar have been accused successively of being the chief source of trouble in artificial feeding and reduction of each or all of these constituents has been advised. R. D. Rudolf (Can. Med. Assoc. Jour., 1912, ii., 173) thinks that starvation has been substituted for other possible dangers. He says that a marasmic infant, even if dieted ever so carefully, may die, but if kept long enough on insufficient food he must do so. A healthy infant, who must be fed artificially, must get sufficient food to supply it with at least 100 to 120 calories per kilo of body weight per day. This equals about 1 pint of cow's milk for a child weighing 8 pounds. Much dilution of the food should be avoided, as the child must in this way take too bulky meals in order to keep up its nourishment. Such water as the child requires can more easily be given between meals. When it becomes necessary, on account of some digestive disturbance, or in fact any illness, to reduce a child's nourishment, this reduction should be receded from as soon as possible, as the patient cannot gain strength upon an insufficient diet.

BLOOD PRESSURE IN PREGNANCY*

By Francis R. Haussling, M. D.,
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Eclampsia, one of the great, if not the greatest calamity that can befall the pregnant woman, is preventable in a great majority of cases. The mortality is exceedingly high, even with the most approved methods of treatment. Methods directed toward the elimination of toxines and even Cæsarian section leave much to be desired.

Cæsarotomy does not stay the convulsive seizures in every case. Furthermore, it adds the risk of a major operation to an already desperate condition.

Since these are the well-recognized facts, the time to treat eclampsia is before convulsions occur. That is to say, in the pre-eclamptic stage. How shall we recognize this stage in every case? Here we are again met by great difficulties, for while in many cases the premonitory symptoms are sufficiently marked to bring the patient to us, a certain number present before the onset of convulsions very few symptoms, and these of a very mild character. The routine examination of the urine for albumen and casts is the one procedure which has for years been universally practised by physicians, as an indicator of approaching toxæmia. This method has led to the recognition of the pre-eclamptic state in only a portion of the cases, since, as we all know, the urinary findings may be negative a very short time before the onset of convulsions. Again it is in the severest cases that albumen often appears late and rapidly increases in amount.

Convulsions may occur with but a trace of albumen in the urine. On the other hand, a trace of albumen without casts occurring in a non-catheterized urine may have no significance. To obtain a catheterized specimen entails no little expenditure of time and energy. The determination by the usual clinical tests of the percentage of urea excreted in a given specimen of urine is of no value.

Williams, Stone, Ewing, Wolf and other observers have demonstrated the distinct value of the nitrogen partition of the urine in the pregnant woman. Unfortunately the determination of the total nitrogen and the urea nitrogen by chemical laboratory methods is beyond the reach of the average physician. This method to be of value must be carried out by a man skilled in laboratory methods; the total amount of urine passed in 24 hours must be considered and the tests must be frequently repeated. This entails so much expense that even if the proper man with the necessary time at his disposal were available, the average patient could not be relied upon to give the necessary assistance.

Grout, in a paper published last year, states that "the urine examination should include careful tests for albumen and sugar, and microscopical search for casts and formed elements." If this were all it would be simple, but he goes on to say: "There should be frequent estimation of total nitrogen and ammonia nitrogen, the frequency depending upon the symptoms. The general urinary changes in the toxæmia of pregnancy are a decrease in the total quantity, a decrease in the total solids, an increase in the percentage of ammonia, and amido acid nitrogen, and late in the process albumen and possibly casts may or may not be found. These urinary findings in conjunction with high blood pressure, vomiting, melancholia, somnolence particularly when progressive, make the diagnosis. Basing diagnosis solely on albumen and casts is a sad error. They usually only announce that the kidney has failed." While the last statement may be true, there is no doubt that in many cases a trace of albumen in a catheterized specimen is an early and valuable symptom of approaching toxæmia. As Bailey has said, "such an elaborate series of tests would place the cost of this form of insurance so high that it would not be acceptable even to the wealthy." Grout claims to have simplified the method so that the tests may be made with less difficulty.

On the other hand, in the instrumental reading of blood pressure, we have a very cheap and accurate form of insurance which is within the reach of the poorest, with the least possible expenditure of energy, by both the patient and the physician. The method should be more universally used, for it combines the three essentials of any aid to diagnosis, namely, accuracy, economy of time and cheapness. Furthermore, the value of the method has been well recognized for a considerable number of years. Janeway, as early as 1904 in his book on blood pressures said: "I believe that blood pressure determination should be made during pregnancy, whenever the urine is examined and for the same reason. As a guide to the seriousness of a pregnancy nephritis and its liability to terminate in eclamptic

*Read before the Academy of Medicine of Northern New Jersey, March, 1912.

convulsions, such a record would be far more adequate than the usual urinary report." Accurate observations had been made before this time. More recently Bailey has reported 1,136 systolic readings, on 145 pregnancies occurring in Edgar's service at Bellevue Hospital, which conclusively show the value of the procedure. Practically every report occurring in the literature is in accord with these findings.

It is quite definitely established that the kidney lesions occurring in eclampsia are not primary, but are secondary manifestations just as are the liver changes, both being caused by some toxic substance, circulating in the blood and possessing distinct pressure-raising qualities. This substance may be given off by the fœtus, the placenta or one of the ductless glands; it may possibly contain a group of toxines, for in one case the kidney changes are most marked, while in another it is the liver that is most affected. In this latter group urinalysis may be of very little value in forestalling eclamptic seizures. This toxine or group of toxines almost invariably raise blood pressure, at least moderately. That eclampsia is accompanied by high blood pressure has been known for many years. So long as digital compression was the only method at our disposal, slight variations could not be accurately determined, and the possibility of error was so great that the method was of very little value in anticipating the convulsive seizure. Experimentally it has been shown that the blood pressure in a given individual is practically the same in the abdominal aorta and in the radial at the wrist. Surely they do not feel equal to the examining finger. The introduction of the accurate sphygmomanometer has practically ruled out all excessive sources of error. Certain factors, such as age, sex, occupation, mental and physical strain and posture, influence blood pressure so little that they may be ignored in this discussion.

In the examination of the pulse there are two important factors (Russell):

(1) The pressure of the blood inside the vessel.

(2) The thickness of the vessel wall.

The blood pressure apparatus determines the pressure of the blood inside the vessels, plus the compressibility of the vessel wall itself.

The thickening may be due to two factors:

(a) Anatomic and pathologic changes.

(b) Muscle contraction or spasm of the muscular coat.

It is more than likely that the muscular contractions or spasm of the muscular coat of the vessels, due to the direct irritation of the vessel wall, by the circulating toxines, or due to their action on the vasomotor centre in the medulla or both, are the most important factors in raising blood pressure in eclampsia. Surely the pathologic changes in the vessel wall cannot be great factors, and need not be given the consideration that they are in contracted kidney, where much of the elevation is due to the arteriosclerosis and not to the pressure within the vessels. Since this is the case, the readings in eclampsia and the pre-eclamptic state are surely a truer index of the pressure within the vessels.

The blood pressure readings here reported have been taken with the Janeway and the Tycos instruments by the internes and nurses in the City Hospital and by me on my own cases. Six hundred and eighty-two (682) readings on 140 women, apparently in good health, are the basis of this report. In this series of 682 readings, in apparently normal cases, the lowest systolic readings was 80 mm., the highest 150 mm., a difference of 70 mm.; the average systolic reading was a trifle over 113 mm. Ninety-seven of the women examined were City Hospital patients. The records show that a trace of albumen, with or without casts, appeared in the urine of 52. One hundred and three specimens showed a trace of albumen, while hyaline and fine granular casts appeared 21 times in 17 cases. Much of the albumen can be accounted for by the fact that the patients were not catheterized, and the urine contained leucocytes. The 17 patients with casts in the urine presented no other symptoms of toxæmia; therefore, we are forced to the conclusion that either true casts were not present or that they at times have very little significance if unaccompanied by other symptoms. In 43 apparently normal cases from my own private records, only 3 showed a trace of albumen and none showed casts.

PREGNANCY.

In 436 readings on 96 normal women before delivery, the highest reading was 150 mm., the lowest 80 mm.

A reading of 80 mm. occurred 5 times, or in 1.15 per cent. of cases.

A reading of 85 mm. occurred twice, or in .5 per cent. of cases.

A reading of 90 mm. occurred 5 times, or in 1.15 per cent. of cases.

A reading of 95 mm. occurred 10 times, or in 2.3 per cent. of cases.

A reading of 140 mm. occurred 10 times, or in 2.3 per cent. of cases.

A reading of 145 mm. occurred twice, or in .5 per cent. of cases.

A reading of 150 mm. occurred 3 times, or in .68 per cent. of cases.

A total of 37 readings.

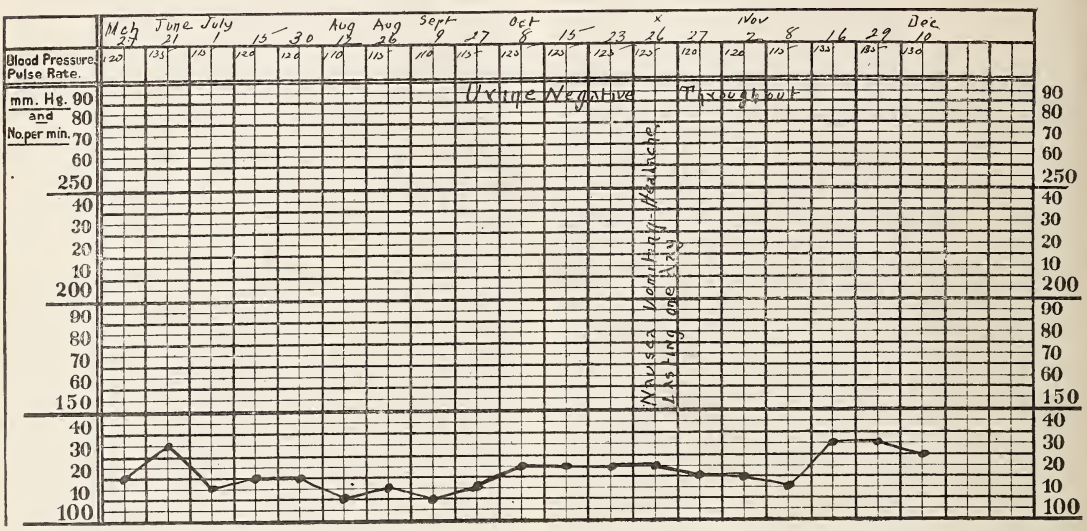


Chart I.—Mrs. C. V., age 21. Normal pregnancy. Para I. Labor Dec. 10, 1909. German Hospital.

In the remaining 399 readings, or about 91 per cent. of this series, the pressure fluctuated between 100 and 135 mm., a difference of 35 mm. The average reading in all normal ante-partum cases was a little over 115 mm. In Bailey's series, the average was 118 mm.

LABOR.

During labor blood pressure readings have but little value, owing to the influence of excitement, muscular contraction and pain. Each uterine contraction causes an elevation in the reading. The passage of the head over the perineum the highest and immediately followed by a marked drop. The voluntary contraction of the muscles of the arm undoubtedly influence the pressure somewhat, but Cook and Briggs have shown that the hypertention is real since it exists when the patients are under chloroform.

It has long been stated that accidents fol-

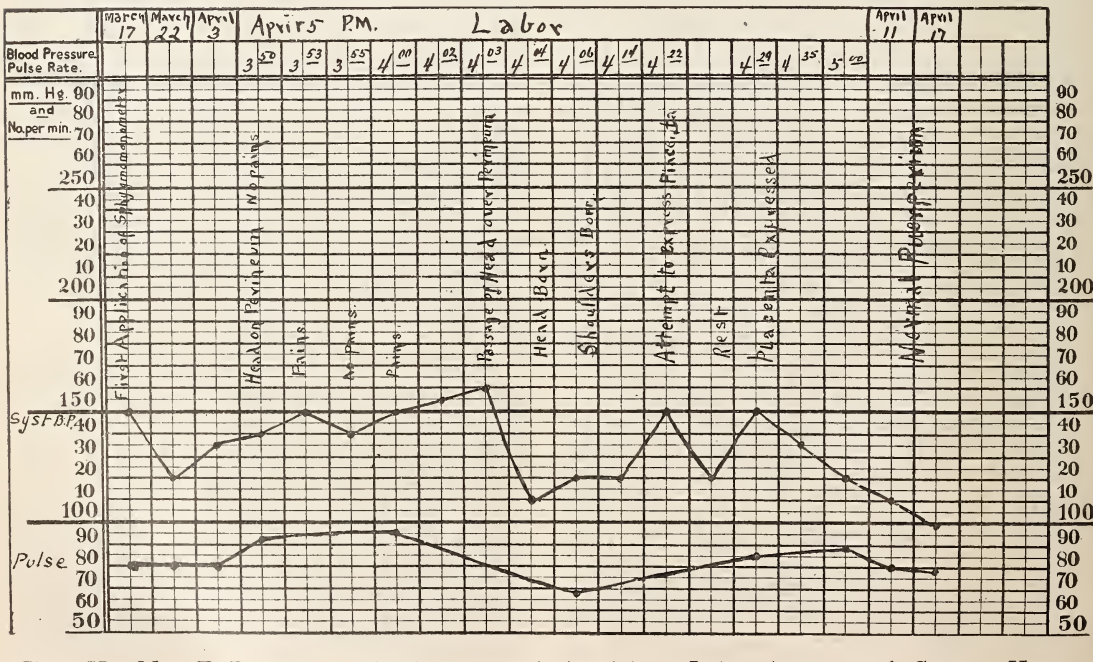


Chart II.—Mrs. F. R., age 32. Blood pressure during labor. Labor Apr. 5, 1906, German Hosp.

lowing the use of chloroform are much less frequent in obstetric practice than in surgery. Cook and Briggs suggest that this may be explained by the constant elevation of blood pressure during normal labor, and the marked pressure effect of instrumental delivery and version. The introduction of the hand into the vagina causes a rise which becomes extreme with traction on the child. The depressing effect of the chloroform is thus counteracted.

THE PUERPERIUM.

Here we have the records of 246 readings in 66 normal patients. Of this number all made an uneventful recovery. The highest systolic pressure in this series was 150 mm. and the lowest 80 mm.:

A reading of 80 mm. occurred 3 times, or in 1.21 per cent. of cases.

A reading of 85 mm. occurred 13 times, or in 5.27 per cent. of cases.

A reading of 90 mm. occurred 16 times, or in 6.49 per cent. of cases.

A reading of 95 mm. occurred 28 times, or 11.36 per cent. of cases.

A reading of 140 mm. occurred 5 times, or in 2 per cent. of cases.

A reading of 145 mm. occurred 5 times, or in 2 per cent. of cases.

A reading of 150 mm. occurred 3 times, or in 1.21 per cent. of cases.

The normal limits were the same as in the ante-partum cases, but the high and low readings occurred somewhat more frequently. The average systolic pressure was a little less than 110 mm. This is somewhat lower than the average reading in the normal cases before delivery.

ECLAMPSIA.

With the onset of convulsions the systolic pressure is almost invariably high. Janeway says that real absolute hypertention, say above 160 mm. with the 12 cm. cuff, does not exist during normal pregnancy; also that hypertention has been as invariable in all the cases of eclampsia so far observed, as in acute uræmia. Judging from my cases, the first statement seems to be indisputable; with the second I have agreed until very recently. A systolic reading of from 160 mm. to 220 mm. of mercury is to be expected. However, it must not be forgotten that convulsions are compatible with low blood pressure. Rare cases of this kind are of no more value as an argument against the procedure than would be the occasional absence of any other usual symptom. Surely, the occasional occurrence of eclamptic convulsions without albumen or casts in the urine has never been advanced as sufficient reason to omit urinalysis as a routine procedure.

The following is the only eclamptic case that we have seen with blood pressure of less than 160 mm. before delivery:

Case—Mrs. M. R., age 18, a native of U. S. Para. 1. Admitted to the City Hospital on March 12th, 1912, at 5:30 A. M. Patient was perfectly well until about 24 hours before admission, when she noticed spots before her eyes and headache. Headache soon became intense. Tinnitus aurium was present. Does not recall epigastric pain. These symptoms persisted until about 4 A. M. the following morning, when patient had a convulsion lasting 10 minutes. On admission to the City Hospital at 5:30 a second convulsion, lasting 3 minutes, occurred. Two short convulsions before Cæsarotomy at 7 A. M., making four in all. Rational during the intervals, general condition good, good color, pulse and respirations normal, slight edema of ankles. Systolic pressure on admission and again shortly before operation, taken by two different internes, registered 110 mm. The Tycos sphygmomanometer was used. Its accuracy was tested with a second instrument. Subsequent readings on other cases have been accurate. Catheterized specimen of urine amber, acid, clear, specific gravity 10.20, albumen slight cloud, sugar negative, large number of hyaline and small fine granular casts, a few red blood cells. Casts disappeared from urine in 48 hours. Recovered.

Bailey reports two cases of the fulminant type with blood pressure of 70 and 75 mm., respectively, both fatal.

Several eclamptics have been admitted to the City Hospital some hours after the on-

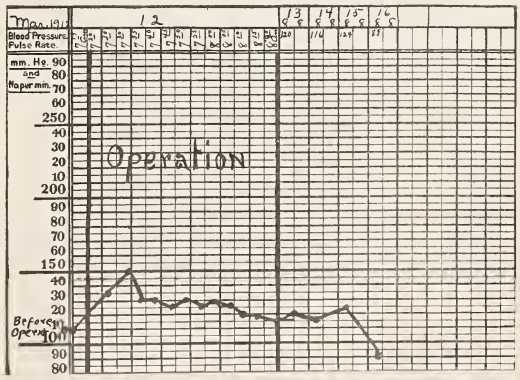


Chart III.—Mrs. M. R., age 18. Eclampsia. Labor March 12, 1912. Blood pressure before operative delivery 110 mm. Extremely low reading throughout.

set of convulsions with blood pressure of

160 mm., but this is not the rule. Unfortunately the pressure had not been ascertained just before or at the onset of convulsions in these cases.

After delivery the improvement in the condition of the patient can be noted by the fall in pressure. A rise at this time indicates that the patient is not improving as she should.

catastrophe. With a reading of less than 160 mm. it is the rarest exception for convulsions to occur.

In the City Hospital cases reported in this paper, five charts have been excluded as abnormal, because of blood pressure of 150 mm. or over, plus other symptoms of toxæmia, as follows:

Case 1—With blood pressure 160 mm.

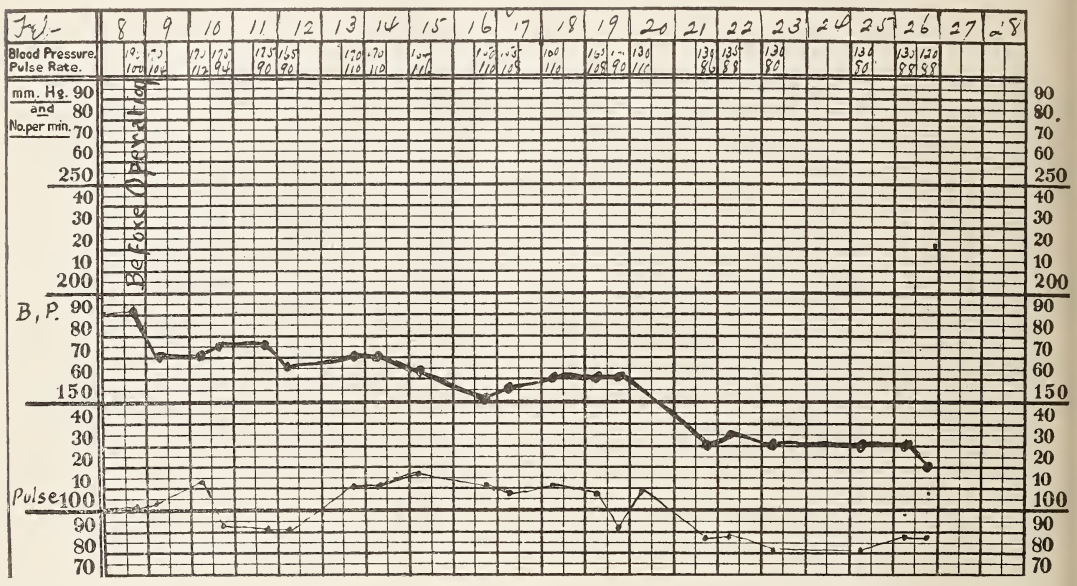


Chart IV.—Mrs. L. H., age 24. Eclampsia. City Hospital. Cesarian Section. Blood pressure before operative delivery 190 mm. Uneventful recovery. Note gradual fall in pressure.

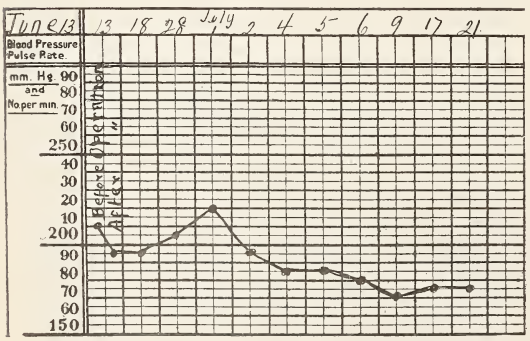


Chart V.—Mrs. J. L., age 31. Eclampsia. City Hospital. Blood pressure before operative delivery 210 mm. Four convulsions after Cæsarotomy; all within 12 hours. Albumen and casts persisted. Note that blood pressure had not fallen to normal at time of discharge.

THE PRE-ECLAMPTIC STATE.

A reading of more than 150 mm. of mercury occurring before or after labor should always arouse suspicion. From this series of systolic readings it would seem that 150 mm. of mercury is the danger mark, and announces that the time for vigorous treatment has arrived, if we hope to avoid a

once before delivery, and 150 mm. three times after delivery, presented a trace of albumen in catheterized specimens of urine, and persistent headache until a few days before discharge.

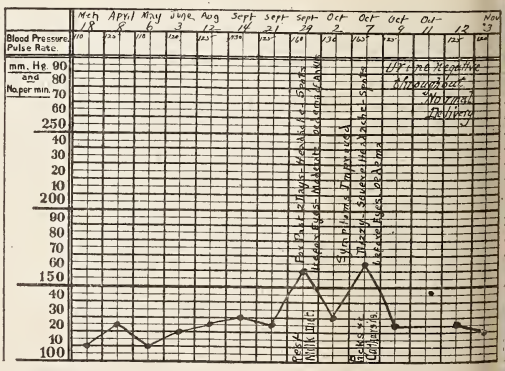


Chart VI.—Mild toxemia. Mrs. S. J., Para. II. Labor October 11, 1910. Responded promptly to medical treatment. Urine negative throughout. Note rise in pressure with onset of headache and spots before eyes; corresponding fall with improvement of symptoms.

Case 2—Delivered January 31st, 1912, had convulsions on December 2, 1911; Jan-

uary 1st, and January 31st, 1912, the last occurring during the second stage of labor. She was said to be an epileptic. On December 12th and 14th her blood pressure registered 160 mm. Urine was practically negative throughout, recovery uneventful.

Case 3—With blood pressure registering 150 mm. once and 145 mm. on four different occasions, presented a trace of albumen, plus hyaline and fine granular casts from day of admission until her discharge.

Case 4—Presented a constant reading of over 150 mm. Hyaline casts appeared for the first time, the day before delivery, and persisted until her discharge.

Case 5—Presented hyaline and fine granular casts for the first time, on the day after delivery. Blood pressure gradually rose until on the sixth and seventh days after delivery it registered 150 mm.

In the private cases none that was normal presented blood pressure of 150 mm. or over.

Again blood pressure readings are of value in differentiating albuminuria of pregnancy from that due to various other causes. The following case will illustrate:

Case—Mrs. G., age 30, born U. S., was referred to me with the diagnosis of pregnancy accompanied by albuminuria. She appeared to be in fairly good health. Urinalysis of a catheterized specimen showed cloudy urine, yellow, acid, 10.18, albumen a heavy trace, sugar negative, microscopic examination fine and coarse granular and hyaline casts, few epithelial cells, many leucocytes, pus cells and red blood cells. A persistent blood pressure in the neighborhood of 100 mm. practically ruled out toxæmia and suggested a search elsewhere for the cause of the albuminuria. Subsequent history is as follows: Because of repeated attacks of pain in the right iliac fossa radiating into the thigh and knee and accompanied by chilly sensation and high temperature with marked tenderness over the right kidney, an X-ray picture was taken shortly after delivery. This revealed a calculus, which was subsequently removed after catheterization of the ureters. The patient is now in good health, after two years, and is again pregnant, with normal urine and normal blood pressure.

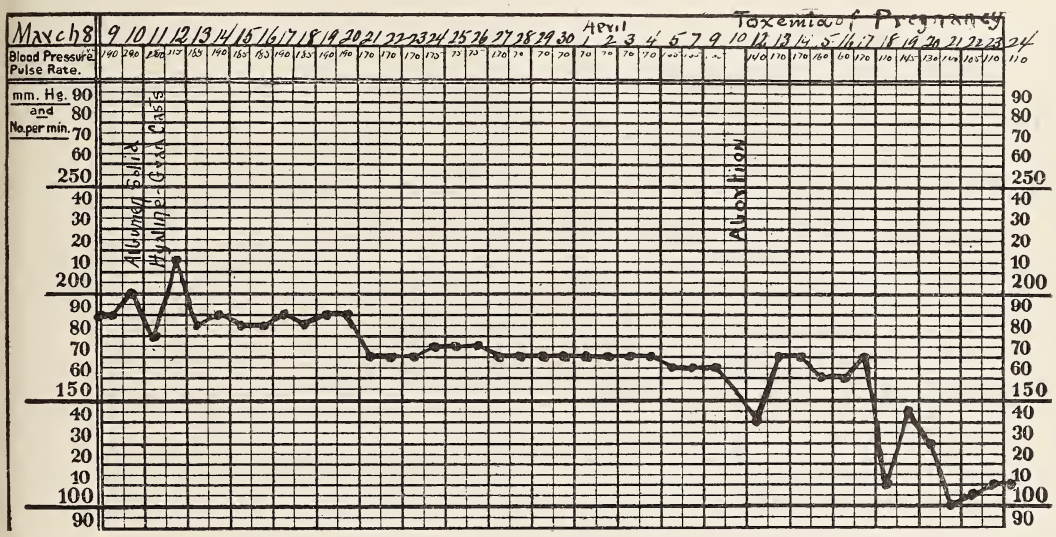


Chart VII.—Mrs. E. W., age 21. Severe toxemia. Para. I. German Hospital. Patient consulted physician because of drowsiness. Urine boiled almost solid; many hyaline, fine and coarse granular casts. All symptoms gradually improved under medical treatment. Spontaneous abortion after patient had been in bed one month. With blood pressure 160 mm. for one month. The result did not justify expectant treatment.

CONCLUSIONS.

(1) In the great majority of normal pregnancies systolic blood pressure fluctuates between 100 and 135 mm. of mercury.

(2) The high and low limits in normal cases are 150 and 80 mm., respectively.

(3) A reading of over 150 mm. should be considered abnormal and, even in the absence of all other symptoms of toxæmia, should put the physician on his guard.

(4) Eclampsia rarely occurs with blood pressure of less than 160 mm.

(5) Blood pressure observations is an additional aid and not a substitute for urinalysis in the recognition of the preeclamptic state.

Clinical Reports.

Tongue Bitten Off; Sewed on Again.

To bite off the end of her tongue and then have a doctor sew it on again was the experience of a five-year-old girl at Culver's Lake, September 6th. She is the daughter of Mrs. J. A. Jewul, of Brooklyn, who spent the summer at the lake. The little girl fell from a dock to a boat. Besides biting off the tongue three teeth were knocked out., Dr. Edward A. Ayers attended her.

A "Human Tool Chest" in Chicago.

When physicians operated upon John Martiner, at the county hospital, Chicago, on September 6th, to learn what had caused "terrible pains in his stomach," they found nineteen pocket knives, seventeen nails, five pocket knife blades, a dozen screws and a silver dollar. For eighteen years Martiner, who has been known to Chicagoans as "the human tool chest," swallowed the articles on wagers.

"Eating knives and all that stuff never hurt me," said Martiner before the operation, "but sometimes I'd get terrible pains in my stomach." Physicians pronounced the operation successful. Martiner is thirty-six years old and is employed as a laborer.

Optic Neuritis After Whooping Cough.

Dr. E. Weigmann, in Klin. Mon. fur Aug., reports the following:

On May 3, 1911, a woman, aged 40, consulted him on account of occasional obstructions of sight within the last two weeks, which set in after changing the position of the body or head. e. g., after stooping in reading and writing. V was nearly normal, the visual field showed a slight contraction for colors. Both optic discs were very red, their borders indistinct, veins enlarged, the tissue of the discs slightly opaque, the lamina cribosa and walls of the vessels on the discs veiled. The discs were swollen, but not projecting. Near the left disc were two small retinal hemorrhages. The treatment consisted in ironsajodin. On January 25, 1912, the opthalmoscopic condition was about the same, but the discs were somewhat paler and the arteries narrower. There was a slight contraction of the left visual field in the inferior nasal quadrant.

The only etiological element was, that the patient suffered the preceding winter for one-quarter year from a severe whooping cough. He attributes the obscuration after changing the position of the head to transient disturbances of circulation. The effection of the optic nerve may have been produced mechanically by intracranial transudations in consequence of venous stasis, brought about by the paroxysms of whooping cough, or by hemorrhages in the optic sheathes or by toxins of whooping cough bacilli, described by Bordet and Gengou.

Orbital Periostitis from Frontal Sinusitis.

Dr. W. C. Posey showed a case of circumscribed orbital edema from frontal sinusitis at a meeting of the Wills Ophthalmic Society. Patient came on account of moderate proptosis and swelling of lids of left eye. Examination showed a mass underneath the supraorbital rim, which was more especially pronounced to the temporal side. The swelling was firm, smooth and apparently external to the periosteum. The eye-ground was normal, save for a dilatation of the retinal veins. There had been a nasal history of ten years' standing, and a rhinological examination by Dr. G. B. Wood showed acute inflammation of the frontal and ethmoidal cells. Treatment of the sinuses relieved the orbital condition in some measure.

An exploratory puncture having revealed pus under the periosteum, an incision was made, without, however, giving exit to more purulent matter. Dr. Posey was of the opinion that the circumscribed swelling of the orbit was an instance of sinus infection being followed by orbital infiltration, which was probably of the nature of a collateral inflammatory edema.

Gunshot Wound of the Pulmonary Vein.

Dr. Heile reports this case in Berliner klin. Woch.:

In attempt at suicide, a young man shot himself in the left fourth intercostal space. There ensued all evidences of progressive internal hemorrhages and the patient was promptly operated upon. The left pleura was full of blood which came from a wound in the pulmonary vein of the lower lobe. It was impossible to suture the wound, and the vein was ligated with two ligatures, one on either side. Under heroic stimulation the patient was brought out of shock and recovered. He was discharged at the end of two weeks. The surprising part was that no evidence of disturbance in lung function was noted after the operation, with the exception of a slight friction rub on the second day. Physical examination at the time of discharge revealed perfectly normal conditions.

Sinus Thrombosis.

Reported by Dr. D. H. Trowbridge in a paper read at the San Joaquin Valley (Cal.) Medical Society, March 12, 1912:

J. C., aged about eight years, came to me about the middle of October, 1911, suffering from suppuration of the ear. It is sufficient to say that the case improved but did not get entirely well and continued to discharge pus. I treated the case from time to time and the rest of the treatment was carried out at home. Eventually I lost sight of the case until on December 8th, when I was called by Dr. Doyle to see the boy again, Dr. Doyle having been called on account of the boy being sick with fever. I again suspected that his temperature was due to his ear. On December 9th he had a chill followed by temperature of 104 degrees, the temperature going to sub-normal afterward. At noon on December 10th, the temperature was again 104 degrees and at 11 P. M. it was 97.4 degrees. At 4 A. M. the next morning it was 104.4 degrees, and sub-normal at 1 P. M. the same day, being only 97 degrees. It was decided to operate and we did so on the 11th inst. Dr. Hayden gave the anesthetic and Dr. Doyle assisted. Inasmuch as this case was so much like case No. 2, we were very much afraid of lateral sinus infection. I opened the mastoid and found it rather soft throughout with pus in the mastoid antrum; however, it was not what one would call a bad case, rather it could come under

the classification of mild. I explored the lateral sinus for a distance of about one inch. It looked healthy, but on account of the symptoms — chills and sub-normal temperature — we thought it quite necessary to open it, which I did. But on penetrating the sinus a jet of pure healthy blood came out, showing that the sinus must be perfectly healthy. (Although one must be sure that it is not partially clotted.) Feeling sure that the sinus was perfectly healthy after opening it. I merely put pressure on it to close it and dressed the wound in the usual manner, and the boy made a perfectly uninterrupted recovery.

Penetrating Wound of the Pancreas.

Dr. Rowelin, in Archiv fur klinische Cuirurgie, states that isolated gunshot or stab wounds of the pancreas are very rare, because as a rule other organs are injured at the same time. The case which the author reports is that of a woman twenty-four years of age, who had stabbed herself in the upper part of the abdomen with a long-bladed knife having a narrow, sharp tip. The patient was brought to the hospital, and operation begun one and three-fourths hours after the injury. Incision was made to include the knife wound and extended along the left costal margin. A small wound was found in the border of the omentum, but the left lobe of the liver, stomach, intestine, spleen, and blood-vessels were all intact. A wound from which the blood flowed freely was found in the body of the pancreas. The blood-vessels were ligated, the wound sutured, and the abdomen closed with a drain leading down to the pancreas. During the operation the patient was almost pulseless, but several subcutaneous injections of camphor and the introduction of saline solution subcutaneously and intravenously improved the pulse, so that by evening the rate was 110 and its volume fairly good. Twelve days after the operation the drain was removed, and in five weeks the wound had closed. A week later the patient was discharged in good general condition.

Complete Rupture of Intestine.

Dr. S. C. Baker, at a meeting of the Sumter County (S. C.) Medical Society, reported a case of complete rupture of the intestine from a coughing spell following abdominal section. The case was one of localized peritonitis in the region just below the gall bladder with septic absorption. Vertical incision through the right rectus muscle had been made with the idea that the trouble was due to a cholecystitis, and afterward prolonged to reach the appendix, which was found gangrenous. The intestines were found dark and rough from inflammation. The wound was closed in layers by catgut suture entire and drained, patient suffering with cough at time of operation. Six or seven days later, while propped up in bed, a violent paroxysm aof coughing came on. The abdominal binder had worked loose and the edges of the wound suddenly parted, with the discharge of a large quantity of fecal matter through it; the patient's pulse, which had been fairly good in quality, showed no special change. Removal of dressings and examination of wound showed the intestines at the bottom adhered together, with fecal matter coming from a rupture in one loop. The field was cleansed as thoroughly as possible, the ruptured portion separated from adhesions, brought up, trimmed, and united end-to-end. The bowel was found to have been torn completely in two transversely down to the mesentery. The mechanics of the situation was that there was a loop of small intestines lying directly across the line of incision. Its outer surface was adhered for a considerable distance to the perietal .peritoneum. Intestinal tissue had been softened by inflammation and when the strain came and the wound tore open the peritoneal adhesions proved stronger than the continuity of bowel and the latter gave way. The patient died three days later from combined peritonitis and pneumonia. This is not a brilliant result to record, but a most unusual accident, and I report it as such.

Spleen-Like Peritoneal Tumors Six Years After Splenectomy for Rupture.

Dr. R. Fultin, Helsingfors, in Deutsche Zeitschrift fur Chirurgie, reports the following:

A 16-year-old boy had been operated upon by the author for traumatic rupture of the spleen six years before. The organ was totally removed. The operation was not followed by any untoward symptoms for five years. (Several blood examinations that were made revealed a normal condition.) The patient then began to complain of cramps in the right iliac region and lost some flesh and strength. A laparotomy was performed with a tentative diagnosis of appendicitis. At operation the entire visceral peritoneum was studded with pea to bean-sized, brownish-red, senile and pedunculated masses. They were smooth, covered by normal peritoneum and for the most part umbilicated. Upon microscopical examination these masses were found to very closely resemble the spleen in their structure. The author believes that these masses have resulted from an effort on the part of the peritoneum to compensate for the absence of the spleen; from a phylogenetic study Faltin concludes that the entire visceral peritoneum at one time functionated as the spleen.

Repeated Cesarean Section on Same Patient.

Dr. John O. Polak reported the following case before the Brooklyn Gynecological Society:

Mrs. E. S., aged 27, married four years, presented herself at the Methodist Episcopal Hospital three years ago, after being in labor 55 hours. She was a primipara with a justominor pelvis, into which the head refused to enter. Attempts at engagement were made under anesthesia, and tentative traction made with the forceps, which made the disproprtion between the head and the pelvis apparent. A Cesarean was done and a 10¼ pound child delivered. The recovery was uneventful.

Fourteen months later she again appeared in the same service at term. On abdominal examination, the child was found to be large. Previous experience decided the doctor to deliver her by Cesarean section, from which she recovered without complication, except for a fistulous tract running from the upper angle of the second wound into the structure of the abdominal wall, for a distance of two inches. Repeated carbolization of this tract failed to close it.

In March of this year she again returned to

the hospital, pregnant, and at full term and a third Cesarean was done upon her, through a median incision which included the umbilicus. The omentum which was found adherent to the previous scars, had to be pushed aside in order that a uterine incision could be made in the fundus. With the consent of the patient and her husband, the tubes were excised at their uterine ends and sewn by their peritoneal envelope to the posterior surface of the uterus. The scars in the uterus from the previous two operations were carefully examined and found to be firm and thick.

Cancer of the Ovary at Five Years of Age.

Dr. Rosanoff, of Moscow, in Deutsche med. Woch., reports a case of this almost unique incidence. The child was attacked with pains in the abdomen, and a mass as large as the head of a newly-born infant was palpable to the right, between the pelvis and level of the umbilicus. The rapid growth of the tumor suggested malignancy. Laparotomy incision. The tumor was felt to have a pedicle, to wit, the right adnexa. It was extirpated and found to be a medullary carcinoma. The nearest approximation to this case is one of bilateral cancer of the ovary in a 14-year-old subject. Sarcoma of the organ in very young children is encountered in rare instances.

Abstracts from Medical Journals.

Diagnosis of Atypical Scarlet Fever.

Dr. D. J. M. Miller, of Atlantic City, in a paper, in the April issue of Archives of Pediatrics, gives the following summary:

1. The differentiation of unusual forms of scarlet fever will remain a stumbling block to the practitioner until we have discovered the cause of the disease and are able to employ similar test to those that we now apply to diphtheria, typhoid fever, syphilis, etc.

2. Not one of the individual symptoms can be depended upon to establish the diagnosis. The disease may occur without rash, desquamation, fever or strawberry tongue. The whole clinical picture must be carefully considered and the individual symptoms critically studied.

3. The most constant symptom is the angina; and its presence, associated with a scarlatinal eruption, however slight, however evanescent and however limited in its distribution, should be regarded as sufficient to establish the diagnosis—or, at least, to demand isolation and close observation.

4. Next to the throat the condition of the tongue is the most reliable symptom some, enlargement of the papillæ of the tip and border being usually observable, although this symptom is much more frequently missing than is the angina, and may occur in other conditions.

5. Of all the exanthemata, scarlet fever is the most varied and uncertain in its symptoms; and of all the symptoms, the rash presents the greatest vagaries. Hence, no rash, especially in a child, is too trivial to be disregarded, whatever the general symptoms may be.

6. Scarlet fever with well-marked rash may occur without desquamation.

7. Rubella scarlatinosa is often diagnosed when scarlet fever presents itself as a pronounced erythema with mild constitutional symptoms. This error is a fruitful source of dissemination of the more serious affection. The diagnosis of rubella should be accepted only upon the strongest evidence.

8. The history of a previous attack of scarlet fever should not prevent us from treating with suspicion apparently anomalous cases of the disease.

9. Differential blood-counts have produced nothing of value in the diagnosis of scarlet fever.

10. Surgical scarlet fever and scarlet fever following burns are scarlet fever in the wounded, and should be treated and regarded as ordinary cases of the disease.

11. Scarlet fever without eruption, and other anomalous forms of scarlet fever, are a fruitful source of dissemination of the disease.

12. Finally, all doubtful erythemata, and all cases in any way resembling scarlet fever, should be quarantined until the diagnosis is reasonably established.

Indications for Operation in Chronic Disease of the Middle Ear.

Dr. J. A. Leslie, of Toledo, Ohio, in a valuable paper in the New York Med. Jour., gives the following ten indications for performing a mastoid operation in cases of chronic aural suppuration:

1. Continued pain in an ear which is discharging, or on that side of the head.
2. When the discharge has lasted three months in spite of attention to the ear, throat, and nose.
3. If there is bleeding, blood stained, or brown discharge coming from the ear.
4. If the perforation in the drum is enlarging. (This means that the membrane is being destroyed.)
5. If there is polypus or a bulging membrane, with a perforation draining the cavity.
6. If there is increasing deafness, giddiness, or permanently blocked Eustachian drainage.
7. If the discharge is foul smelling or abundant in spite of the use of drops.
8. If there is facial paralysis on that side.
9. Optic neuritis, fits, mental derangement.
10. Evidences of tubercle or diphtheria in the discharge (microscope) may demand a radical operation.

Edema in Infants.

Dr. P. A. Potter, in Archives of Pediatrics, reports that he has seen seventeen cases of dropsy in young infants, not of cardiac or renal origin, but in children suffering from extreme malnutrition and the great majority with an intercurrent diarrhea. A typical history is that a young baby with extreme malnutrition suddenly develops diarrhea. The diet is changed to boiled water, barley water or whey. After an interval of several days, during which the baby progressively loses weight, with the intestinal condition perhaps showing some improvement, but not enough to warrant any marked increase in the solid constituents of the diet, a gain of several ounces may be noted on successive days. The first sign of this condition is that the soles of the feet are red and rounded, instead of flat, and if it has progressed for several days, the arch of the foot is lost. The redness may be noted even before the loss of normal contour. A certain proportion of the

cases show no extension of the edema above the feet, and, if the baby lives, the swelling may gradually disappear with a corresponding loss of the suddenly gained weight. If, however, the edema continues and spreads, the next place where it may be noted is usually on the face, under the eyes. If the diet, low in fats and proteids, is continued, the edema spreads rapidly over the face and extremities. In many cases, babies, even those of from 4 to 5 pounds in weight, gain within two or three days from ½ to 1 pound, due entirely to the dropsy. In none of the seventeen instances, was there any involvement of the serous cavities. If the baby is still kept on a weak food, or on no food at all, the almost invariable and almost immediate outcome is death. The writer believes that the edema is an indication as to when increased feeding or resumption of prohibited elements is called for, especially of the proteids. Up to the time when the practice of resuming or increasing proteids in the diet was begun by him, nearly all the babies showing this condition died, and the symptom was considered an antemortem sign. Since then the routine increase of the proteids in the diet has resulted in the recovery of a large and definite proportion of the cases showing edema and improvement in the general condition.

Reports from County Societies.

BERGEN COUNTY.

Fred S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, September 10th, at 8:15 P. M.

Dr. F. C. Bradner, president, occupied the chair, with fifteen members present.

No scientific program had been provided, and after the regular order of business a social session was enjoyed. We hope to have Dr. George E. McLaughlin, of Jersey City, give us a paper on Vaccines at our October meeting.

GLOUCESTER COUNTY.

George E. Reading, M. D., Secretary.
Howard A. Wilson, M. D., Reporter.

The society held its fifteenth annual social session at Hotel Pitman, Pitman, N. J., Thursday evening, September 19th, from 6 to 11 o'clock. There was a large attendance and it was an exceedingly enjoyable event.

(The page forms were set up earlier than usual this month and we have not yet received full account of this event. We hope to have it for next month's issue.—Editor.)

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The regular quarterly meeting of the Morris County Medical Society was held at the Pine Terrace Inn, Dover, on September 10, 1912. Dinner was served before the meeting, about thirty-five being present. The meeting was called to order by Dr. G. A. Becker, president. Among the visitors present were Dr. David C. English, editor of the Journal; Dr. Thomas N. Gray, Recording Secretary of the State Medical Society; Dr. Philander A. Harris, first vice-president of the A. M. A., and Dr. F. E. Agnew, of Paterson. Dr. William Joseph Sommers and Dr. H. Arbuckle, both of Boonton, were unanimously elected to membership and an application for membership was received from Dr. Lorenzo B. Phillips, of German Valley.

The following amendment to the society's by-laws was adopted unanimously:

"Article II.—That the word 'March' be stricken out and the word 'September' supplied, so as to read that:

"The regular meetings of this society shall be held quarterly on the second Tuesdays of March, June, September and December. The September meeting shall be the annual meeting."

An amendment was introduced to be voted on at the next meeting that the fiscal year of this society run from January 1st to December 31st, in accordance with the wishes of the State Medical Society. All the present officers were re-elected. The delegates to the Medical Society of New Jersey will be decided upon at the March meeting.

The following resolutions were introduced and carried unanimously:

"To the Board of Chosen Freeholders of Morris County:

"Whereas, at a meeting of the Morris County Medical Society held at Dover, N. J., March 14, 1911, it was unanimously resolved that immediate action be taken for the establishment of a county hospital for the care of tuberculous cases of Morris County, and

"Whereas, the Board of Chosen Freeholders of Morris County have taken such steps and secured a site for the location of the building of the same; be it

"Resolved, That we heartily endorse the action of the Board in the selection and procuring of the admirable site, believing that no better site could have been secured in the county, and that a copy of this resolution be sent to the Board of Freeholders and given to the press.

"H. W. Kice, "Secretary. G. A. Becker, President."

The secretary informed the meeting that he doubted whether the newspapers would insert the same, as when the resolutions in reference to the desirability of erecting a hospital for tubercular patients was sent to them, they declined to publish it unless they were paid for the same as an advertisement. The following subjects for discussion were introduced and the opening remarks were made before anything further was said about any of them so that all the papers might be discussed simultaneously:

First "Are Institutions for Tuberculosis a Menace to the Community?" Discussion opened by E. Moore Fisher.

Second: "Is the Press a Reliable Source of Information Relating to the Status of Medical Science?" Discussion opened by J. W. Farrow.

Third: "Is Medical Inspection of Our Public Schools a Farce?" Discussion opened by Emma C. Clark.

Dr. Fisher said that he felt that his subject was not one that could provoke discussion in any gathering of medical men, as there was nothing in literature to suppose those who felt that institutions for treatment of tubercular patients were a menace, while, on the other hand, all who had given the question any thought or had investigated the subject knew that they were only beneficial. He cited a number of facts and statistics that showed this was so.

Dr. Farrow said that the newspapers general-

ly used big headlines to show any evil result from the use of vaccination or antitoxin, and put way down in an obscure corner in small type the fact that lives had been saved or epidemics checked by their use. He then said that many papers were publishing as reading matter what was evidently paid advertising from the "League of Medical Freedom," and gave the names of the officers of that league, with their business interests, such as drug houses, Christian Science, mental healing, etc., and read extracts from articles by Dr. Robinson, editor of the Critic and Guide, and Dr. Britton, of Elkhart, Indiana, criticizing those who opposed the Owens Bill. These emphasized the fact that national regulations could not interfere with State laws and had little to do with local requirements as to the practice of medicine, but dealt with the larger matters of quarantine, sanitation, the social evil and other lines of public medical education, such as the triumphs of medicine regarding prophylaxis against yellow fever, malaria, typhoid fever, etc., and that the A. M. A. had pamphlets on these subjects that could be procured at a very low cost and which should be in every physician's waiting-room.

Dr. Clark said that the Dover school was the first in the State to carry out the regulations as to inspection proposed by the State Board of Health. The work was divided into three parts —inspection of school buildings, the pupils in the school and all pupils who were reported sick in the district. She said that all their suggestions regarding the buildings had been given careful consideration and generally adopted. That several patients reported sick had been found to be suffering from such infectious diseases as scarlet fever. Isolation had prevented an epidemic. She further said that numerous cases of bad suppurating ears had been successfully treated and asked if any one knowing these facts could honestly say that school inspection was a farce. There was very little discussion, as all present seemed to be in agreement with the speakers.

The next meeting will be held in Morristown, the second Thursday in December.

Morris County Tuberculosis Hospital.

E. Moore Fisher, M. D., Reporter.

The question of the location of a hospital for the tubercular patients of this county continues to be a subject of discussion pro and con and of some agitation. This is more marked in Morristown, the county seat, and around Morris Plains; within two and one-half miles of which place the freeholders have selcted a site which in every way is suitable from a sanitary and scientific standpoint for a tuberculosis hospital and which is most likely to be best placed for those who throughout the county require care and treatment because of the disease. Those opposed to the location, which is not even in sight of most of them, appealed to the State Board of Health under Laws of New Jersey, 1910, Chapter 66, page 93.

After visiting the ground, carefully looking over the proposed site and taking into consideration all questions that might make a hospital located there objectionable to any one, the board granted a public hearing on the question upon the request of the objectors, so that their grievances and objections might be fully expressed. The vast number of people who favor this public charity and approve of the location selected by the Board of Freeholders did not appear or deem it necessary to make an argument in behalf of a proposition so clearly humanitarian in all its phases and so free from danger to anyone. The freeholders' views on the matter were presented by Counsellor John W. Mills, who gave a brief account of the difficulty to obtain a place where no objection would be raised by local residents inflamed or misled by false sentiment.

Dr. B. D. Evans, medical director of the State Hospital at Morris Plains, spoke by request of the freeholders' committee who selected the proposed site. Among other things he stated that there was no danger to those who lived a few miles away from a properly administered tuberculosis hospital. He cited, among other authorities for such a statement, Osler, French and Gardiner. He then went on to say that if he felt that there was any danger, he would oppose the site so as to protect the three thousand who formed his official family at the State Hospital. As an argument against any probable danger from a tuberculosis hospital in close proximity to other dwellings, he mentioned the fact that he had advised the Board of Managers of the State Hospital, after consultation with physicians, sanitarians and architects, to place the tuberculosis pavilion at the State Hospital midway between the two main buildings, and not miles away in another part of the hospital's one thousand acres.

Those opposed to a hospital for the county's indigent who suffer from tuberculosis had retained Hon. W. W. Cutler to present the objections to the location of this much-needed public charity. He was followed by the Rev. Father O'Neill and Rev. W. W. Hammond. Both of these gentlemen said they wished the hospital to be located elsewhere, and stated they had gone to the trouble to ascertain what other site might be obtained.

When Counsellor Mills for the freeholders said that one point that had influenced the latter in securing the site proposed was that the physicians of Morristown had assured the freeholders that their services, witout charge, would be given to the proposed institution whenever needed, Father O'Neill exhibited the bad grace to say, "that physicians anywhere will be glad to do it for the popularity obtained." This insult was especially flagrant since the offer to serve the county and the indigent sick was gratis and by the county's ablest and most reputable physicians, and marked exception was taken by all intelligent persons present. Such a statement might have been expected from very ignorant people, but when it comes from the tongues of clergymen, it would seem that the cloth does not always cover hearts of true Christian charity.

The cry of damage to values of property two and one-half miles or more distant from the proposed site was again made the basis of practically all the arguments against the establishment of a tuberculosis hospital.

Not one physician at any time, either before or during the hearing, lifted a voice in protest against this noble cause of public charity, but be it said with regret, two clergymen showed much fervor in their opposition to it. Dr. Clifford Mills and Dr. Henriques, who tried to secure private subscriptions to erect a tuberculosis hospital before the State made it mandatory

for the counties to erect such institutions, spoke in favor of the project. Dr. James Douglas also made a speech in favor of the proposition.

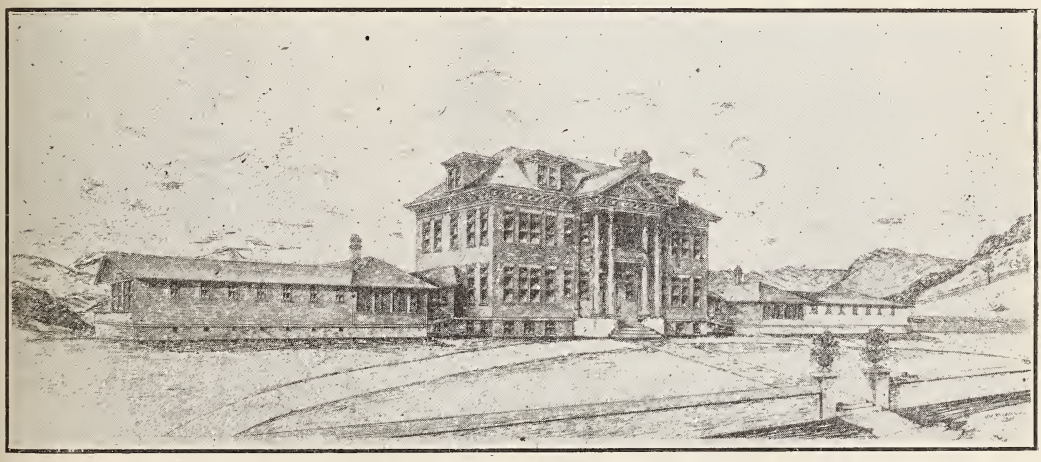
The statement that the property owners in Morris Plains were unanimous in their opposition to the erection of a hospital in their proximity was shown to be far from conformity to actual facts; most of those who spoke in opposition to the project are not property owners, among them two ministers of the Gospel, who were actuated by reasons most likely not presented in their public arguments and not understood by those influenced by them. A favorite means of argument (save the word) by those in opposition was asking repeatedly after each speaker for the site in question, "What is there in it for him?" or "What does he get out of it?" when everyone should know that they were only public-spirited citizens working for the magnificent cause of true charity.

association. In fact, in some instances residents were even refused membership in the organization because they were not favorable to this dominant idea of the organizer of the "improvement" association.

The following clipping from the Newark News, August 6th, gives an idea of the public utterances which it is necessary for the physicians in Morris County to contend with:

"Opposition to the proposed tuberculosis hospital was voiced at the meeting of the Morris Plains Improvement Association last night. Rev. Felix O'Neill was authorized as a committee of one to take counsel and see if the project of the freeholders cannot be stopped, as he said no option on the site proposed had been executed.

"Father O'Neill gave an account of a recent meeting of the freeholders, at which the subject of the hospital was discussed, and said that since



Several people showed by their public utterances that they remembered the proverb, "He that hath pity upon the poor lendeth unto the Lord; and that which he hath given will he pay him again." This was evidently not what those who made so many anxious inquiries had reference to, but to the likely anxiety for the acquirement of something more material. Those who were opposed to the matter under discussion evidently had forgotten that selfishness is nothing that can be commended by any one who has any true feeling of Christian charity and possesses the desire to help those of our poor sick who are deserving of all the care at the command of an enlightened community.

The so-called "Morris Plains Improvement Association" is composed of some of the residents of Morris Plains, who have been drawn together by a few persons who have been vigorously opposed to the establishment of the tuberculosis hospital within miles of the vicinity. The association has for its object the improvement of the village, but the circumstances attending its formation show clearly that its most important purpose is chiefly to prevent the erection of a tuberculosis hospital and to do an order of political work not necessary to set forth in this report. If proof of this assertion is required, it may be said that no invitation to join the association was sent to any physicians or any one who opposed the originator of the

then a remonstrance had been circulated that now bears 120 names of those opposing the hospital as a menace to the health of the town.

" 'Some persons have not been seen,' said the priest, 'but for the most part those not signing are the politicians who will be looking for your vote. They think of nothing for the common good; but all for their own good. There is only one argument that the politician understands. The association has been wrongfully accused of making threats; it might as well make good.'

"Continuing, Father O'Neill said the instigators of the project are two Morristown physicians and a young Dover architect, 'trying to gain fame.' While the site is said to be convenient for Morristown physicians, Father O'Neill said physicians of some other town might as well have the opportunity to look after the sick.

"The priest said that while the freeholders are able to get out of the bargain, as no option was ever executed, they are flying in the faces of the people by furthering the hospital plan. He suggested a Succasunna site, which he said could be obtained at a saving of $30,000."

This shows that the motives which actuate the physicians are attacked either ignorantly or impugned maliciously, and that little help comes from those whose position should make them leaders of men in all humanitarian projects.

The site is, according to all physicians who

have expressed themselves, absolutely the best in the county. It is difficult to see why it should not have the approval of the State Board of Health, and it ill behooves clergymen to take exception to plans for aiding the poor sick which the principles of science and public charity recognize and which has high endorsement as being in the direct promotion of the interests of suffering humanity. Of course, they may know, or think they know, more than men who are devoting their lives to prevention and treatment of disease. It is hardly flattering, however, to the medical profession.

Property values will not be helped, the objectors say. To them a possibility of a boom in real estate around Morris Plains is paramount. For this reason this institution should be put somewhere else; anywhere else, in fact, even in the centre of any town, so that they may carry their point of not having it within two and one-half miles of them. Persons who have made a careful study of this subject know that a tuberculosis hospital, properly constructed, maintained and managed, does not depreciate property values around it, but even that it will do so, true charity would, with Christian beneficence, say—place the hospital where those best able to judge from a scientific standpoint recommend and advise. Asking to be protected from a bugbear that they feel should be placed on another community is selfishness personified and cannot be considered as that great divine virtue, charity, which, we are taught, begins at home.

Records of the United States Bureau of Vital Statistics show that the location selected is one of the most healthy in the whole country. The immediate vicinity of this site is sparsely populated and it is far enough away from Morristown so that a tuberculosis sanatorium there will not make this town or Morris Plains more unhealthy, while at the same time it will give those who are so unfortunate as to be afflicted with this deceminating disease the best possible chance for health and recovery. In caring for the weak in the best possible manner, the strong show that they realize that their strength is not always due to their own efforts, and thereby they are incited to turn to exercise mercy and brotherly love.

The population of Morris County, according to the last census, was 74,704. If this hospital is to protect this population, is it logical or reasonable that only one hundred and nineteen persons of this number shall seriously interfere or obstruct the welfare of over seventy-four and a half thousand? No infinitesimal minority of people should be allowed to force on others conditions which they find objectionable to themselves, and this, it would seem, is what the agitators around Morris Plains have set themselves out to do. Furthermore, we should give full heed to the advice of those whose training qualifies them to judge, and especially so when their views meet the unanimous approval of the great majority of the county residents and are in accord with principles of charity and the cause of science.

"What is that noise?" asked the presiding judge, when a witness' voice was nearly drowned by a rasping uproar outside the court.

"My lord," said the counsel for the defendant, "I think it is the plaintiff filing affidavits."
—Tit-Bits.

Medical Societies and Medical Ethics and Economics

Dr. Jacobi on Value of Medical Societies.

Extracts from an address by Dr. Abraham Jacobi, president of the American Medical Association, at the centennial meeting of the Rhode Island Society:

I never miss the meetings of the State Society and attend now and then those of my county. Many times I have conversed with young men, and those no longer quite young, as to their opportunities of learning in a session. I have been told: "I stay at home; I am not interested in the subjects discussed; I do not learn there." The latter is not true; even the occasionally, but rarely, dreary paper affords food for thought or stimulates criticism. I, for one, have never been in any medical society without learning. If a paper furnishes little, the discussion yields more. Quite often the discussion is of more value than a paper. That is why the overloading of a program with many or long papers, to the exclusion of discussions, is a grave mistake. What a man tell of his own practice is a gain to me, as it was to him; viz., a new experience or the confirmation of a previous one. If discussions are dreary, it is mostly the fault of the presiding officer, who either is not well informed himself or is deficient in character and unable to stop garrulous and empty talk. I often feel like calling him to order.

What you want in a medical society is advanced age and youth together. The latter must be trained into communicating its positive knowledge and its doubts. A man who has knowledge knows how to ask questions. Moreover, the society is the proper place for the young practitioner to train himself for publicity and larger gatherings. The young specialist is gladly received and should make himself at home in the local and State Society. He may be able to teach a special subject, and is welcome as an instructor; but what is more important to him is to learn from the all-round practitioner. For some time, it is true, some young specialists here may have wished to believe, or to make us believe, that they were born and required no making. The poet is born and not made. The doctor is born, it is true, but must also be made. I do not touch that question to-day; I have made myself disagreeable before, and have been suspected by the misinformed of hating specialism, which is a grievous mistake. The reverse is true. Indeed I have been called a specialist myself. But when I have a right to expect a doctor like myself, a general practitioner, to reach above a low average, I want a specialist to be a master of his narrow art and at the same time to have a fair knowledge of the science of medicine, so that he may be able to discuss special subjects intelligently and usefully to the practitioner. That is all—but it is a great deal. That sort of man or woman is welcome in a meeting of our societies, both in city and country. He is welcome to learn, welcome to teach.

Not only is that so for the specialist, but for the aged practitioner, family or consultant. The rapid increase in medical knowledge may render a young man of thirty a competent teacher for the man twice as old. In meetings and out of

them, I have learned from the young. If I had not learned in societies, county and others, mostly from men far inferior in years, I should have accumulated an inenviable pile of ignorance.

County Societies.

(Extracts from a paper by Dr. L. W. Littig, of Davenport, Iowa.)

The county society occupies a high place in the factors that make for individual and collective progress. In fact, I firmly believe that the work of a county society is a correct index of the professional attainments of its members, and of the character of the service rendered the public. A dead county society is not fulfilling its mission. In order to improve, to keep abreast of the times, medical men must frequently meet in convention, to discuss medical topics. No statement needs less corroboration than this, so evident is its truth. These meetings reciprocally stimulate. It is so often said that physicians should join medical societies and do society work to improve the medical profession. I feel very much like saying that physicians should join societies and do society work to improve themselves. Let the motive be selfish, let it be self-improvement, because whatever improves the individual improves the entire profession, and the quality of the service rendered the public, and hence makes for the public good. I am almost ready to confess that I attend medical societies for selfish motives. I always hear something that sets me thinking, that stimulates me to better effort, that makes me try to be a better doctor. I do not attend meetings with the thought of improving the profession. I am not so conceited as to imagine that my presence is essential to the common good. To imbibe new ideas, to receive inspiration, to enjoy the fellowship of my co-workers—these are my motives.

The county society is most important because its meetings are held frequently, and because it gives practically every member an opportunity to take an active part. If the members regularly attend the meetings of the county society, read papers as often as the program committee will permit, and always prepare themselves to discuss the papers presented by others, the meetings are sure to be profitable, not only to the individual, but to the entire professional body. The program committee of the county society should always invite case-reports, carefully prepared and accompanied by a brief review of the up-to-date literature on the subject. * * * I am not very enthusiastic over members that simply pay their dues but never attend the meetings. I consider them dead, lying high and dry on the bank, and far from the busy stream. Their annual dues are accepted, but they do not stimulate their fellows and are not stimulated by them; they neither give nor receive; they are ciphers in the society and society work. * * * Let a doctor get the medical society habit and he is always in attendance at his county, district, State, national and special societies; but of these the county society is most important, because it does or should meet at least once each month.

(From an article by Dr. Anthony Bassler, of New York, in the A. M. A. Journal.)

The practice of medicine is the noblest profession of man, and the art full of fine examples of the past and present. Then why, in these gathering of ours to which we invite members of the board of directors of our hospitals, and when other lay people are present, do we engage in questionable stories, common talk, and tell tales about some other practitioner or speak humorously of things that should be sacred with us? It seems that the day has come when all of us should show more pride in our calling, our institutions and ourselves and act before the public with dignity so that they must respect us fully, now, and when we show them the wares of ours that they are still to see and learn of. This is the course that will educate the people away from ready criticism of doctors and medical matters, stop the publishing of articles and those overdrawn jokes on doctors in the lay press, and make for opposition against the establishment of creeds, sects and cults. Democratic demeanor is the noble standard of America, but it does not require the debasement of our profession or ourselves for its development or perfection—far from it.

(From a paper by Dr. J. M. Salmon, in the Kentucky Medical Journal.)

Nothing can be more conducive to fellowship and kindly feeling than frequent association and work in a common cause. If we attend society meetings and work faithfully in the preparation of our papers, we shall have little time and less inclination for recriminations and quarrels. We shall learn that differences in diagnosis and methods of treatment do not preclude social intercourse, and society work. We shall learn, if we have not already learned, that criticism and defamation of a brother physician to the laity lowers the whole profession in the public mind and is moreover a boomerang which will surely return and hurt the sender. We shall learn that if we do not agree with the diagnosis not approve the treatment of the physician who preceded us in the case it is not at all necessary nor advisable to poison the mind of the patient against him, for no one is infallible and the next patient in the consulting room may be the stumbling block upon which we ourselves may fall. In short, the society, if well supported, will bring us all into a closer and more friendly relationship and we shall become a unit of ever increasing strength and efficiency.

In pleading for renewed effort and unremitting zeal in society work, I trust that I am merely voicing the sentiments of those present. Let us all work toward the goal of highest professional attainment assured of the truth of Kentucky's motto, "United we stand, divided we fall."

The County Medical Society.

From a paper by Dr. D. Armstrong, Mead, Okalhoma, in the Oklahoma State Medical Society Journal.

We are living in an age of organization where most every line of human activity is organized, with the followers of each looking after the interest peculiar to their line of work; therefore, all must admit that medical organization is a necessity as well as a benefit.

The first and noblest object for which a medical society is created, is the education of its members in that which relates to their work,

there is no profession in which it is so necessary to constantly study as that of medicine, for while medicine is not an exact science, yet it is progressive and until perfection is obtained and all of nature's secrets revealed, it will continue a progressive one, making new discoveries every day, which requires, that to keep up to date we must constantly study and investigate. The man who starts out from medical school with his degree is laboring under a most serious mistake if he thinks he is educated, for if he has mastered the knowledge of the day, which is improbable, he has entered a profession which is moving forward and onward and if he would keep in the front ranks he must associate with those in the front and be spurred on by their enthusiasm and assistance; he who does not is bound to be left behind. By reading the best medical journals a fair knowledge of the progress being made in medicine can be obtained, but with difficulty, and I am sure but few doctors keep up to date by reading alone.

By meeting together in medical societies every statement is discussed by those best able to pass judgment and every member gets the benefit of the accumulated knowledge of the whole. The meeting together makes physicians broad minded and liberal toward the views of others and makes the average doctor recognize his shortcomings and the ability of others, thus stimulating study and investigation for the greatest stimulus to study and investigation comes from association with students and investigators.

The physician, especially the general practitioner of the country, works under peculiar and, in some respects, unfortunate conditions, as he works alone. Men in other callings either work together or meet each other to exchange views regarding their labor. Even the farmer manages to meet his neighbor at the store or elsewhere and discuss crop conditions and exchange experiences. A lonely worker in any pursuit is liable to become self-reliant in what he does; too much so for his own good and those whom he serves, and especially does this apply to the physician, for his is a progressive work, in which practice does not make perfect, and if he will not associate with fellow workers he certainly should be classed with the mossbacks. The doctor who works alone day after day will in spite of himself become narrow, fall into a rut and his ability to relieve the suffering wil soon be confined to his own narrow views and experiences; he is convinced that he is doing his work better than others; he is not stimulated with the ambition to progress, because he does not know, and will not believe, that others are progressing. Nothing will prevent this deplorable condition better than an occasional attendance at the county society, where we come together to discuss scientific questions which vitally affect our reputation and work, and the physician who attends the meetings will become broad minded, liberal to the views of others, and treat his professional brother in an ethical and professional way.

The second and very important object for which a medical society is created is the social side. One of the greatest curses of our profession is the existence of petty jealousies among those practising in the same locality, and it is not necessary for me at this time to say why these jealousies exist. Suffice to say, that it can be summed up in the one word "misunderstanding." Too often enmity is created between doctors living in the same town through the tattle of idlers. Prejudice founded on imaginary insults or wrongs is allowed to grow into deadly animosities, and one of the best preventives as well as the best remedies for this bickering and enmity is the coming together of the supposed enemies and, face to face, talking the matter over. An active medical society is a good place to keep down these troubles, especially if a little time be given to sociability, an occasional smoker or banquet. The results in this regard will be surprising, for bickering and enmity cannot long endure the mellow sunshine of the social hour. If a medical society had no other value than that of a social club it would be well worth all it cost.

Annual Address of President Rodgers of the Rhode Island Medical Society, at its Centennial Meeting in June, 1912.

After speaking of the evils that had affected the profession, mainly those within its own ranks, and the need of their correction, he expressed his belief that the medical profession will by its very inherent strength rise again to the proud position of leader among the learned professions, and the weapons are organization and publicity. We must avail ourselves of modern armament in a warfare to-day. This is no medieval battle to be waged, and the same methods which prove of service to our enemies must be utilized by us. The labor union, the grange, the successful business, the great corporations, the dominant political party are all the result of organization, and in the national association, the State and district societies we have all the elements of a similar successful campaign. These should be and can be made of so much value that the medical man cannot afford to be without the pale of membership. The test of ability and integrity should not be, "Is he a graduate of this college or associated with that hospital?" but "Is he a member of the State Society?" Our antiquated methods should be consigned to oblivion, old fogyism relegated to ancient history, and we should emerge from the seclusion and exclusiveness which has been a source of pride and a cause of weakness and get into the limelight of publicity, leaders in everything pertaining to public health, not followers or hangers on, but leaders, prominent in the warfare against disease, active in the counsels of philanthropy and charity, outspoken in questions of civic probity. These are the attributes of a medical profession which stands for all that its name implies, all that its history demands. The scope of this society should not be the reading of papers with perfunctory discussion, should not be the annual banquet or quarterly collation, nor the publication of transactions which nobody reads, but it should actively concern itself with the problems of life about us. It should have opinions and express them boldly, assuming that no one has a better knowledge or a better right to guard the public welfare. Committees on legislation are antiquated and useless. They have accomplished nothing in this State and almost as much in others. Legislators do as they are told, and with the orders of the boss ringing in their ears they can scarcely hear the whisperings of conscience, much less the softer murmur of the Committee on Legislation. The osteopathic bill before the present Legislature has blazed the

way for future bills of like character by employing a lawyer to draw the bill, whose fee is large enough to include his services as political boss, to force it through legislative channels. Our breath is wasted even before it is spent in protest of such a bill. While we cannot control vicious legislators, we can lessen the evil done by them by a campaign of education. What we cannot do singly, we can accomplish by unification, and while you or I as individuals cannot expect to influence the public mind, six hundred of us, as a unit, showing the need of sane laws and pernicious effects of vicious ones will cause somebody to take notice. Away with obsolete methods, with futile attempts to control the practice of medicine which holds us up to ridicule and are successful only in their failure. Let us have the light of publicity, refute the specious argument of the quack and combat the pernicious advertising of the nostrum vender by showing the public the absurdity of their claims, and do it openly and loudly. In a word, meet these opponents by educating the public, and when the public loses faith in quacks and quackery their field of usefulness is destroyed. This should be done with no personal animosity, no opportunity should be offered for charges of jealousy or competition, but exactly as we are trying to teach the people how to live, how to avoid tuberculosis, how their children may escape the various ills of childhood and grow to strong and healthy men and women, just so should we attempt to show how lives may be prolonged, suffering appeased and happiness secured by an escape from the thraldom of quacks and quackery.

The only hope of the future lies in education. More knowledge on health matters must mean greater efficiency, comfort and enjoyment for each individual. Public health is now recognized to be a question not of individual interest alone, but of public and collective importance. The city or the State in the future which permits its citizens of any age to sicken or die from preventable diseases will no longer be regarded as civilized. Ignorance, filth, disorder and disease must disappear as the people know and understand their causes and means of prevention. In this work the organized medical profession must assume an active part in (1) the publication of suitable material in the public press, (2) the distribution of pamphlets to the public, (3) the organization of public lecture courses, and (4) the dissemination by circular letters of matters of general moment to the medical profession.

This same spirit of prominence in everything connected with medicine if applied to the evils of hospitalism will be effectual in remedying many of its abuses. The profession should not be the servants of corporations or boards of trustees, but should be fellow workers. The conduct of great institutions should not be vested entirely with the layman and the physician be compelled to petition for relief from what seems to be an injustice. There should be representatives from the staff on each board of trustees, either elected or slected, who should present for consideration the doctor's side of these problems and should have a voice in deciding them. Then there would be no strikes of visiting staffs, no unseemly contests or difference of opinion, no taxation of service without representation. Then the profession would feel that their services, without which the hospital is impossible, were appreciated and that they were recognized as members of a profession which had always been foremost in works of charity and chief in the desire to benefit mankind. All this may be accomplished by a unified profession, by a more thorough organization by the elimination of personal animosities, by willing service in the fight to uphold the tenets and traditions of a glorious profession.

Suggestions for Increasing Interest in County Societies.

1st. Improved programs. Interest in the meetings depends largely on the attractiveness of the program.

2d. Take up post-graduate course as recommended by American Medical Association. This systematizes the program.

3d. Confer with State Board of Health for at least one meeting a year on public health matters. Co-operation with the Health Department is essential to the welfare of the community.

4th. Have at least one reader a year from a distance. Confer with Committees on Scientific Work of State Society if necessary. They will be glad to suggest names of those willing to render such service.

5th. Arrange for one or more clinical meetings a year. Select subject and request all who have proper cases to bring them before the society; then have a discussion on the same, always with the understanding that discussion of the case shall not be held in the presence of the patient; otherwise, frequently patients cannot be shown for obvious reasons.

6th. Arrange for demonstration by bacteriologists and pathologists with specimens, lantern slides, etc.

7th. Arrange for social part of meeting. Some light refreshments at the close of the meeting are an adjunct to fraternal intercourse.

8th. See that meetings are held often enough to keep up interest. Once or twice a year is not enough. Invite every member of the profession in the county to at least one meeting a year, not necessarily inviting them all to the same meeting. In counties where men do not show a willingness to write papers either designate writers for different meetings or see that outsiders are invited—in other words, see that the meetings are made interesting. It should be the aim of every county society to secure a permanent home; a small library, with a supply of current journals, and the use of the larger libraries for reference books will greatly increase interest in the county organization.

9th. Arrange the time of meetings to accommodate the largest number of members. Where men come from long distances, an evening session will often appeal to a larger number of men when it permits them to reach their homes at a seasonable hour.

10th. Select as officers men who are willing to work. Keep good men in office. Do not promote those who have shown they will not attend to the duties assigned them. Efficiency is the only criterion of leadership. "No physician should accept office unless he is prepared to give the position the attention that it deserves and unless he is interested in the work."

11th. In small societies do not unduly multiply offices—the secretary's and treasurer's duties can be best done by one man. Always supply officers with clerical help if work is oner-

ous. Detailed drudgery work should not be asked of men serving others without compensation.

12th. Make the dues large enough to warrant conducting the society work in a proper manner. Those who object to the amount of their dues usually do so because they are not receiving full value for them. Give back a dollar in value for every dollar paid in and complaints will be few.

13th. Provide a committee on entertainment who shall welcome new or prospective members or guests at meetings. The officers of the society may be active or ex officio members of such committee. Newly registered physicians should be visited by such committee or written to and asked to join the county society.

14th. Have high ideals. Be liberal, yet firm in maintenance of a high ethical standard. Educate the public. Be a power for good in the community. Do not be ashamed of the county society or apologize for it; make it better. Attend all meetings and see that others do the same. "The county society is a conservator of patriotism and worthy citizenship."—New York State Journal of Medicine.

(Other articles will appear next month on "The County Society," "The Business Side of Practice," etc.—Editor.)

NOTICES OF MEETINGS.

The American Public Health Association.

Met in Washington, D. C., September 18-20, 1912, with large attendance. Dr. John N. Hurty, of Indianapolis, presiding.

The 15th International Congress on Hygiene and Demography.

Met in Washington, D. C., September 23-28, 1912, with delegates from all parts of the world, numbering between two and three thousand.

The American Hospital Association.

The above association convened in Detroit, Mich., at Hotel Ponchartrain, September 24-27, 1912, for their fourteenth annual meeting. Dr. Henry M. Hurd, of Johns Hopkins Hospital, Baltimore, presided.

(Brief accounts of the above meetings will be given in the next issue of our Journal.—Editor.)

Foreign Lectures at the Post Graduate School.

Professor H. Strauss, of Berlin, will lecture at the New York Post-Graduate Medical School and Hospital, on October 12, 14 and 15, on the Diseases of the Stomach and Kidney. Professor von Carl Noorden, of Vienna, will also deliver a series of lectures on the Pathology and Treatment of Diabetes, Radium Therapy, and Arteriosclerosis at the same place, on October 28 to October 31 inclusive.

The First International Congress on Comparative Pathology.

This congress will be held at the Faculty of Medicine, Paris, October 17-23, 1912. As the object of the congress is exclusively scientific, it will bring together scientists interested in pathology in the widest acceptance of the word. Promoters of the Congress desire those interested in the United States to participate. For information, address the secretary-general of the congress, Paris.

American Association of Clinical Research.

The fourth annual meeting of this body will take place in New York at the Academy of Medicine, on November 9, 1912. The sessions will be held from 9 A. M. to 1 P. M., from 3 to 6 P. M., and from 8 to 10 P. M. The evening session will be open to the public.

Notable contributions on the Negri bodies, on certain fluids for tubercle bacilli, in the urine, on adjustment and function, on the psycho-analysis and traumbedentung, on a pandemic of malignant encapsulated throat coccus, on the single remedy, on indicanuria and glycosuria, on disease conditions expressive of correct diagnosis, on biochemical problems, on the two most far-reaching discoveries in medicine and on other subjects. Members are invited to contribute papers.

The great aim of the association is the systematic, scientific investigation and advancement of medicine by conclusive clinical and clinically allied methods.

The Clinical Congress of Surgeons of North America.

This congress will hold its third annual meeting in New York City November 11-16, 1912. Those in attendance will have the opportunity of witnessing important surgical clinics held in New York during that week. There will be a complete program of clinics each day for those interested in the various branches of surgery. Dr. Franklin H. Martin, of Chicago, is general secretary.

Harvey Society Lectures.

The following program of lectures, subects and dates for the season 1912-13 has been arranged: October 5, Professor Max Rubner, University of Berlin, "Modern Steam Sterilization." November 9, Professor Joseph Erlanger, George Washington University, "The Localization of Impulse Initiation and Conduction in the Heart." November 23, Professor G. N. Stewart, Western Reserve University, "The Rate of the Blood-Flow and the Vasomotor Reflexes in Disease." December 14, Profssor F. B. Mallory, Harvard University, "The Infectious Lesions of Blood-Vessels." January 18, Major J. J. Russell, U. S. A., "The Prevention of Typhoid Fever." February 15, Professor Theodore C. Janeway, Columbia University, "Nephritic Hypertension: Clinical and Experimental Studies." March 1, Professor Edward C. Conklin, Princeton University, "The Size of Organisms and Their Constituent Parts in Relation to Longevity, Senescence and Rejuvenescence." March 22, Professor John Howland, Johns Hopkins University, "The Scientific Basis for the Artificial Feeding of Infants."

Infantile Paralysis.

Up to September 9 there occurred in Buffalo, N. Y., 220 cases with 26 deaths and permanent crippling in 60 per cent. of the survivors. In Southern California to August 17th 226 cases were reported, with 43 deaths.

THE JOURNAL
OF THE
Medical Society of New Jersey

OCTOBER, 1912

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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New Brunswick, N. J.

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Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange, N. J.

Work is not man's punishment. It is his reward and his strength, his glory and his pleasure.—George Sand.

Every duty which is bidden to wait returns with seven fresh duties at its back.—C. Kingsley.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—*Ruskin.*

There is no reason why liberty, equality and solidarity should not rule supreme as well in a learned and sacred profession as in the ideal state of the future. Our brains have taught us and our hearts dictate that learning is not all that makes a professional gentleman and a liberal profession. "Though I speak with the tongue of men and of angels, and have not charity, I am become as sounding brass or a tinkling cymbal; and though I have the gift of prophecy and understand all mysteries, and all knowledge, and have not charity, I am nothing." This "charity" of which the gospel from which I am quoting has spoken to you these nearly two thousand years, is the very soul of the profession, its ethics. The general societies of medical men—all medical men, general practitioners and specialists, old and young, as represented in the county and State societies, your own society, which is looking back on a century of successful labor—are the means and opportunities to teach and enforce that "charity." It is the godly gift awarded to you, to me, in our relations to each other and to the public.—*President Rogers, Rhode Island Medical Society.*

AFTER VACATION THOUGHTS.

Our active fall and winter professional work begins this month. The vacation season is over and the rest and recreation—re-creation—ought to lead to more earnest and concentrated attention and devotion to the high and sacred work of our profession as we enter upon it, not only for our patients and our own good, but also for our profession's scientific advancement, the protection of its material interests and to win and show oruselves worthy of the public respect that is due to a profession that is so true to the highest interest of humanity.

We need, yes, *greatly need,* a deeper and growing interest in and a more faithful attendance upon the meetings of our county and local medical societies. We inserted last month—as we do to a greater extent in this issue of our Journal—the judgment of eminent members of our profession on the great importance of sustaining and intensifying the life and active work of these societies and we urge the full reporting in our Journal of every medical society meeting held in our State, not as a favor to the editor, nor for the Journal's sake, but for our profession's sake, in order to stimulate life and activity in their own and other societies; to show that their members rightly estimate their responsibilities to the profession at large and to the public and are worthy of public respect because—as we have said—we are laboring not only for our

own personal advancement and pecuniary gain, but to maintain the highest possible standing and efficiency of a noble profession.

We, therefore, again earnestly appeal to every secretary or reporter of a medical society to send, as early as possible, a full report of *every* meeting held. Also papers read that are of special interest or brief abstracts of them, also accounts of clinical cases reported and important actions taken on matters which may interest the profession at large.

We call special attention to two matters which should receive the careful attention of our county societies at their October meetings.

CHANGE OF DATE FOR COUNTY SOCIETIES' ANNUAL MEETINGS AND OF FISCAL YEAR.

The change of their annual meetings, recommended by the A. M. A. Every society is urged to change its by-laws to make the annual meeting occur in October and the fiscal year of every society from January 1st to December 31st, inclusive, for which time the dues are to be paid. Some societies have already decided on this change. We urge all to do so. For reasons see our August Journal, pages 144 and 146.

CHANGE OF DATE FOR THE STATE SOCIETY'S ANNUAL MEETING.

Then in reference to the next annual meeting of our State Society. The A. M. A. has decided upon the same date in June for its annual meeting, that we had fixed upon. This will necessitate a change of our time of meeting and posssibly change of place, as the New Monmouth Hotel cannot accommodate us a week earlier and cannot make provision for more than 200 a week later in June than that agreed upon.

The By-Laws give the Board of Trustees the power to make such change of time and place as may be required, but the editor, as secretary of the board, has corresponded with the president of our society and other members of the board, and knows that they will be pleased to have some expression from the county societies of their judgment taken at their October meetings, after careful deliberation. *Will the secretary of each county society see that the matter is brought before his society for consideration and action and report scuh action to the secretary of the Board of Trustees?* Such reports we know will receive due consideration, though final decision may be delayed because of possible later developments or change in our societies' judgment upon further deliberation.

"OSTEOPATHIC OOZINGS."

We take the following editorial brief with the above caption, from the *Illinois Medical Journal* of September, 1912:

> The Osteopaths announce with great clatter that a research institution with a million dollars endowment fund will be established in Chicago. True only $100,000 in actual cash of this amount is in sight. The massage artists claim they have visions of the other nine-tenths. One of the promoters has expressed himself as follows: "The prime object of the institution will be to verify osteopathic theories regarding diseases and health with regard to the condition of the body and the derangement of its structure. We will seek for the cause of disease the same as the Rockefeller Institute."

The Rockefeller Institute had better look for its laurels when this new research institution gets to work. But we note that the prime object of the osteopathic institution is "to verify osteopathic theories;" so after all it will not seriously conflict or come in competition with the work of the Rockefeller Institute, which is seeking to know and to establish scientific *truth* and not to verify theories that may be far from the truth.

But why should this new Chicago institution "seek for the cause of disease?" We thought that osteopaths claimed to know *the* cause—the one cause of disease—and knowing that, claim the ability to treat all diseases—including diphtheria, gonorrhœa and syphilis—without the use of drugs, and appendicitis, gall bladder disease and cancer without the use of the knife.

We were led to question the statement of the preacher, in Ecclesiastes 1:9, that "there is no new thing under the sun," but then we remember that that statement was not made in the twentieth century; if it had been, there would doubtless have been added: except osteopathy, Christian Science and recent styles of women's dress and head-gear.

Every physician who has the interests of his profession and patients at heart, should make a special effort on (and before) election day, to put in office men who will be favorable to the passage of laws conserving the life of humanity. Of course, the candidate to be supported should be questioned beforehand and his attitude in respect to good medical legislation made positively known. We wonder how many physicians have taken it upon themselves to get this information. The most of us usually wait until after election to find out how legislators stand on questions of vital interest to the profession and such time is nearly always no time at all. We should by all means get the prospective legislator's opinion on health laws before election day, and if they are detrimental, support the other fellow whose efforts will be directed along honest and consistent lines. If we had been awake some time ago in this respect, perhaps the Owen Bill would have had smoother sailing. We must be up and doing.—*Jour. of the Kansas Med. Society.*

It is with deep regret we report the continued illness of one of the honored Fellows of our State Society—Dr. E. L. B. Godfrey—formerly of Camden and now a resident of South Pasadena, Cal., and we were shocked to hear that he narrowly escaped death in the terrible fire which occurred at Ocean Park, where he and his wife were guests and where twelve persons are blieved to have perished in the flames. We take the following from a lengthy dispatch from Los Angeles, Cal., to the *North American,* Philadelphia, Dated September 4th:

Doctor Godfrey, who was once secretary of New Jersey State Medical Board, came here a year ago for his health. He and Mrs. Godfrey spent the winter in Pasadena, and when the summer season opened they went to Ocean Park. Dr. Godfrey's health did not improve, and for the last two weeks he has been bedridden. Last night, when the alarm of fire at last was imperative, Mrs. Godfrey took her stricken husband in her arms, carried and dragged him down two flights of stairs and out to the sidewalk; then, supporting him, she walked out of the danger zone.

Dr. Godfrey was one of our State Society's most active members for many years, and though compelled by impaired health to relinquish practice and to seek the health-giving climate of California to regain strength, he never lost his deep interest in us and our work. It was only two days before this news reached us that we received a letter from him regretting that the Journal had failed to reach him for two months and expressing his desire to get it regularly.

We also regret to report that Mrs. Norton, wife of Dr. H. G. Norton, of Trenton, still remains in a criticali condition, not having regained consciousness since accident.

P. S.—A letter received from Dr. Godfrey as the Journal goes to press says the reports of fire were exaggerated and that he is improving in health.

By mistake Dr. Joseph MacDonald's name was omitted from the State Society's Committee on Medical Inspection of Schools, page 153, August Journal. As a pioneer in this work it was eminently proper that he was placed on this committee.

Military Surgeons Named.

Governor Wilson has forwarded to the Secretary of State the names of the delegates who will represent New Jersey at the twenty-first annual meeting of the military surgeons of the United States, to be held at Baltimore, October 1 to October 4.

The appointees are Lieutenant-Colonel William G. Schauffler, of Lakewood; Lieutenant-Colonel Henry Allers, of Harrison; Major Harold D. Corbusier, of Plainfield; Major Arthur P. Hasking, of Jersey City; Captain William O. G. Quinby, of Newark, and Captain Carroll H. Francis, of Camden.

Editorials from Medical Journals

Drug Dispensing by Physicians.

Fom American Medicine.

The right to dispense his own remedies is one of the most fundamental of the physician's calling Limit or modify this right in the slightest degree and his whole usefulness as a practitioner of medicine is entirely destroyed. The more one considers the amazing suggestion that medical men should be prevented by law from dispensing whatever their judgment dictates, the more indignant one becomes. It apparently emanates from the erstwhile management of the National Association of Retail Druggists. From an intimate acquaintance with a goodly number of American pharmacists and a fairly accurate knowledge of their aims, ambitions and activities, we cannot believe for a minute that druggists generally are in sympathy with any proposition to interfere with dispensing by physicians, or that they will lend their influence to promote the enactment of any legislation making any restrictions in such a direction. The idea would be unworthy of attention because of its ridiculous character, but for the fact that just at present there is a class of medico-phobiacs, or anti-medical cranks who will grasp at anything and make it an issue, provided only it be against the medical profession.

In the present instance, a few men are probably responsible for this insult to the physicians of America, and until the attitude of the above

association as a whole is learned from the action that will be taken at its Pittsburg meeting, the pharmacal profession should be held blameless. Unless we are much mistaken the matter will be quickly disposed of and the association forced by its intelligent members to take a position of dignity and common sense similar to that of the strong American Pharmaceutical Association, as embodied in the following clear-cut resolutions passed at the last meeting:

"Resolved, That we recommend that any movement for the reform of medical practice be allowed to originate and proceed within the medical profession.

"Further, That we are opposed to any attempt on the part of the pharmacal press to dictate or compel any such reform, believing as we do that the medical profession is qualified to institute and carry out its own necessary reforms." * * *

The question of drug dispensing by the medical practitioner is one that can properly concern nobody but the individual physician and his patients. With the individual physician the question: (1) whether he will supply no medicines whatsoever; or (2) a part, such as tablets and the medication he wishes to give immediately, writing prescribtions to be filled by the pharmacist for the balance and more important part of the treatment; or (3) whether he will furnish everything and ignore the druggist entirely, can only be decided by each physician according to the exigencies of his practice, such as location, nearness to or distance from well-equipped and trustworthy drug stores, the custom of the community, his personal needs, etc., or his inclination and belief.

We doubt very much if the most rabid opponent of medical dispensing will deny its necessity for the physician in the small country town far away from even the poorest drug stores. Here the needs of the patient decide the matter and the physician would be delinqueqnt if he did not dispense everything he makes a practice of using. Likewise in a community where all of the physicians dispense and always have, patients expect their doctor to furnish the medicines, and he is either obliged to do so or suffer the consequences.

In the larger communities where there are plenty of well-equipped and trustworthy drug stores, the question becomes one for each physician to decide solely on his inclination or belief. We insist, if a doctor wants to dispense his remedies exclusively, it is his right. It may qualify his professional position, cheapen his services, and in some communities seriously jeopardize his standing, for he may be classed with the quack vendor of medicines. Under such conditions, the inclination of few physicians would lead them to dispense their own remedies exclusively. Indeed, it is always good judgment to adjust one's methods to the local requirements, even to the extent of writing a prescription for a single tablet, granule or pill, if to dispense the same tends to cheapen the service or lower the physician in the estimation of the patient.

There is a factor in the situation that has grown in importance as pharmacy has extended and that is the difficulty of obtaining pure drugs or drugs of dependable and uniform strength. Many a physician, therefore, has been driven to dispensing by the discovery that his prescriptions were being substituted or compounded with inferior drugs by inferior, ignorant and unscrupulous clerks. In such cases, dispensing of a more or less complete line has been a matter not only of self-protection, but of real duty to one's patients; and while the extra work entailed has been distasteful and much of it actually humiliating, more than one physician has been exceedingly gratified to note how rapidly his knowledge of therapeutics has extended and how materially his armamentarium has increased.

Fortunately, pharmacologic efficiency and drug store intergity have been extending and most pharmacists have recognized the advantages of making the most of an unswering honesty. To-day it is the exception to fail to find one or more thoroughly reliable and well-equipped drug stores in any town or city of one to three thousand inhabitants. It is usually a good policy for each and every physician to arrange with the local drug stores to carry the remedies he intends to prescribe regularly. Then with the tactful dispensing of such tablets, pills, granules and other drugs as he wishes to administer himself under his own immediate supervision and control, the average physician will be able to maintain his professional standing free from every criticism, he will be able to meet every need of his patient from his own and his druggist's equipment, his knowledge of drugs and their physiologic actions will increase, his prescription writng will wonderfully improve, and last, but by no means least, he will establish relations with his druggists, that cannot fail to prove of most far reaching benefit.

Authority vs. Fact.

(From the Southern Medical Journal..

We frequently speak, in medical parlance, of the opinion of the "latest authorities," "the highest authorities," and so on, and quote their opinions with a respect approaching reverence. We seem to feel that what they believe must be true, and whatever they condemn is beyond the pale. It is a comfortable doctrine to one who has access to the books and journals wherein said authorities promulgate their views, absolving one from all responsibility so long as one follows the authorities. This would be very nice if mortals were infallible. It would be tolerable even as we are but for a certain vice called "pride of opinion," which leads a man to value consistency more than actuality, to adhere to an error because he once proclaimed it, to maintain that "the horse was fifteen feet high."

A notable instance of the variation between truth and authority is seen in the treatment awarded to veratrum viride by most of the text-books on materia medica and therapeutics. This Journal publishes on another page a letter from a reputable physician wherein he expresses his surprise at the wide difference between the teachings of the text-books and colleges concerning that drug, and the practical use made of it by physicians in active and successful practice, and the views he expresses are held by thousands of doctors in every part of this country. Except in fashionable practice in large cities, eclampsia spells veratrum to the experienced doctor, and spells it promptly and without hesitation. Few months pass without the published testimonial of some prominent physician to its almost specific effect in eclampsia, some of them gaining their experience in large mater-

nity hospitals. All who have used it testify to its safety and certainty in that disease; and many also use it whenever excessive arterial tension needs correction. Yet the text-books generally dismiss veratrum with a brief reference to the latter property, and state that its therapeutic effects are identical with those of aconite. It is even suggested that because of this likeness it may well be dropped from the pharmacopeia.

The reverence of the average doctor for the spoken word of "authority" is almost painful.

The writer was present at a meeting of the Section on Materia Medica of the A. M. A., when a well-known author read a fine paper devoted to aconite and veratrum. He elegantly and forcefully dilated through page after page on the demonstrated properties of aconite, but when he finished that and came to the consideration of veratrum, he dismissed it with a few words, on the ground that it was so identical in effects with aconite that what was said of the latter might be held to apply to the former.

Then he sat down. Two or three members briefly complimented the paper in the usual way, but not one dissenting voice was heard. Finally, as another title was about to be called, one of those fellows who is always rushing in where angels fear to tread, rose, and fearfully begged permission to ask a few questions. The request was graciously granted. He said (in effect): "Does aconite ever cause death?" "Yes, of course. Improperly used, it is a violent poison." "Did you ever know a case of death from veratrum?" "Well, I do not remember one just now." "Did you ever hear of such a death?" "Not that I now remember, but it is seldom used. Probably there are members present who have seen such a death." "Will any gentlemen present who ever knew or heard of such a case please say so?" No one spoke. Then the "butter-in" gave his long experience and observation with veratrum in eclampsia and sat down, after which several rose to corroborate him. The point is, we are afraid to oppose an "authority," lest we get "sat down on." Not a "sensible" man there dared lead the attack. And so it is in many things besides veratrum, in which particular case each successive edition of the original error has to reassert "the horse is fifteen feet high," and each new author bows to his predecessors.

To the true doctor there is but one "authority," and that is the truth as demonstrated by clinical experience, and when "original workers" run against that rock, all the test tubes and balances on earth will be shattered. It is only when they support and explain clinical finding that they can bolster authority.

Editorials from the Lay Press.

Fewer M. D.'s

From the New York Tribune, Sept. 11th.

With the increased cost of living it is not surprising that the cost of medical education should also increase, as "The Journal of the American Medical Association" reports it to be doing. This increase appears to be partly in the cost to the students, which now averages $125.24 apiece yearly for tuition, and which is causing some diminution of the number of students. It is also partly in the cost to the schools of taking care of the students, which is now $479 apiece; so that the schools lose, from a business point of view, about $350 a year on each student. This latter condition in turn is causing a reduction in the number of schools of medicine, some going out of existence altogether and some being merged with others. The decrease in students is indicated by the fact that their number in 1900 was 25,171, in 1904 it was 28,142, and in the present year it is only 18,412, the smallest number in twenty years. At the same time the number of medical schools was 151 in 1900, 166 in 1904 and only 116 in 1912.

These tendencies are not to be regarded with unmixed regret. On the contrary, many will welcome them as on the whole auspicious of good to the medical profession and to the public which it serves. There is reason for thinking that there have been too many medical schools in America. Even with the present reduced number, the lowest in more than twenty years, this country has more than one-third of all in the world, its 116 being balanced by only 205 in all other lands. There can be no question that many of them have been, and some still are, inadequately endowed and equipped and unable to prepare men satisfactorily for an exacting, responsible and important occupation. In such cases the elimination of the weaklings or their combination with others seems advantageous.

Nor is the decrease in the number of medical students to be regretted. It is due in part, as we have said, to the increased yearly cost of tuition; but probably still more to the widespread lengthening of the required term of study to four years and to the material raising of the standard of scholarship and preparation for admission. The first named cause is to be regretted, since some of the worthiest candidates may be among those to whom high tuition fees are prohibitive. The other two, and particularly the last, are to be rejoiced in, since they mean the exclusion of the less worthy candidates and the elevation of the profession in character and capacity. Here and in most other large cities the medical profession is overcrowded and contains too large a proportion of unworthy men. If the decrease in the number of medical students is to mean a decrease in the number of quacks and malpractitioners, the public will be the gainer.

Science at its Best.

From the N. Y. Evening World.

No one who read Professor Loeffler's story of how he discovered the diphtheria germ, as told in The Evening World last night, can have failed to be fascinated by the clear, brief, almost thrilling vividness and simplicity with which he described and summarized a long, highly technical scientific inquiry—one of the most far-reaching and important of modern times. No big words, no mysterious learned phrases, no dwelling on his own achievements. Only a wonderfully interesting little tale of how a poison in the blood may be made to build up a defense that can at last be turned triumphantly against the enemy.

His description of the good germs, the "soldiers" of the blood, how they need action, how their fighting power is increased by battle, and how life itself is a continual victory in which the defenders of the fort whip the besiegers, is

good reading for a public terrorized by sensational science into a notion that the human body is a defenseless jelly whose only hope is a glass case that will keep out "germs."

Incidentally, this doctor, whose work has saved a million lives from the awful former sacrifice to one of the most dread diseases, let fall a quiet but significant word of "apology:"

"I have heard there is a big movement in America against cutting up animals, and I may be criticized, but if I had not several good guinea pigs to work on there would have been no discovery."

A few guinea pigs or the lives of millions of living human beings and untold millions unborn! Science that can describe its results so simply, so briefly, so modestly, so deftly—and, remember, the professor was speaking a language not his own—must command deep admiration and respect.

Where Ignorance May be Dangerous.

From the Newark Evening News.

It seems a singular fact, and one not at all creditable to the general intelligence of the people, that instruction in regard to that function of life which is of the highest physical importance, is so carefully kept from the young of both sexes.

A few wise mothers already teach their daughters the principles of sex-hygiene, and a few fathers impart this knowledge to their sons, but as a rule the only instruction the young men or young women get, with reference to the highest and what should be the holiest of physical realities, is picked up on the streets, from ribald companions, in secert conclave and amid conditions that make the recipients of this knowledge ashamed of what they have learned and afraid to ask their parents or teachers for further information.

The woman who took her daughter from school because lessons were given in physiology, or, to use her own words, "'cause the teacher teached her all about her innards," was but a type of a large proprtion of the people, many of whom are quite well educated and should have interest enough in their children to prepare them, by proper instruction, to meet the duties of life in a healthful, intelligent manner.

It has been shown beyond all possibility of doubt that fearful, incurable and highly contagious diseases result from vice, and particularly from those vices which violate the moral laws and the laws of sex-hygiene. And yet a false delicacy keeps parents from teaching their children the vital truths they ought to know, and allows them to gather what they can from undesirable instructors if not from actually vicious teachers.

Even when efforts are made to introduce the study of sex-hygiene in the schools, there are people who object. They seem to think the doctors are the only ones who ought to know anything about it, though the children are much more vitally interested in it than the doctors can be.

The subject is not an easy or always a pleasant one to teach in the right way. Taught wrong, it is dangerous. But it does seem that justice to the young demands that they be given full information and a fair warning, so that at least they know what they are doing.

Miss Clara Barton.

Francesca, in the Camden Daily Courier.

Miss Barton, who was a mere wisp of a woman physically, dedicated practically her whole life to work, and it was work in the great name of humanity.

She is remembered chiefly for her service in the Civil War, but it was not alone the battlefield that claimed her helping hand. From the time of early womanhood she was ready with a proffer of practical help, and wherever there were lives to save, sick and injured the "Florence Nightingale of America" was on hand. At one time the call might come from the scene of great forest fires or destructive floods, again from famine and flood districts; on to the time when she went to the relief of the suffering and starving Cubans.

Miss Barton was a soft-voiced, retiring little woman, yet when the need arose for great activities there seemed to be slumbering fires under the calm exterior, and she had a way of approaching her work in the most telling manner.

At her beautiful home at Glen Echo, Maryland, the living-room is fairly crowded with honors and decorations from crowned heads of Europe and mementoes from humbler folk, who recognized her long period of telling service in behalf of humanity.

Therapeutic Notes.

Asthma—Bronchial, Treatment of.

Lehmann, in the American Journal of the Medical Sciences for December, 1911, adopts the usual plan and discusses separately the treatment of the attacks and the treatment of the intervals. The drug that will give the surest relief in an attack is the drug which we should reach for last, namely, morphine. The distress of a paroxysm is so great, the relief by morphine so complete and so sweet, and the occasion for the use of the hypodermic arises so repeatedly, that it is almost certain that we shall create a habit. Morphine, therefore, should be a last resort. Much safer, but also much less sure, is the action of atrophine. Where it is successful its effect is probably to be attributed to its antispasmodic influence on the terminal nerve endings, causing a relaxation of the contracted musculature of the bronchi. In a relatively few cases nitroglycerin, by hopodermic injection, affords relief. These are probably cases in which the blood-pressure is high. Other means of relaxing the bronchial spasm have sometimes proved useful in his hands. Some of the patients have obtained scant comfort from smoking cigarettes of stramonium leaves or inhaling the fumes of burning stramonium leaves, nitre, etc. Perhaps the most efficacious drug next to morphine is adrenalin chloride. Where it succeeds its action is nothing short of marvelous. Hardly have the 10 to 15 drops of the 1-to-1000 solution been given under or into the skin when the patient will declare that he is already better. In fact, it has been the repeated experience of the author that the relief begins before the hypodermic needle can be withdrawn.

In view of the fact that nitroglycerin and the nitrites are supposed to relieve asthma by their

asodilator and blood-pressure-reducing effects, while adrenalin is generally accounted a vasoontractor and augmenter of blood-pressure, he author has been interested in observing the lood-pressure during asthmatic paroxysms, beore and after the administration of adrenalin y hypodermic. In general it may be stated hat these hypodermics of adrenalin have had ractically no effect upon the blood-pressure. n some instances, in fact in most instances, the lood-pressure is lowered about 5 mm. and reurns within a few minutes to its original level. This action is the same whether symptomatic elief is obtained or not. The blood-pressure of sthmatics in paroxysms as observed by him vas not as a rule high; most frequently it was rom 100 to 125 mm. of mercury, and in one atient as low as 90 mm. In one patient the nitial blood-pressure was 165, which fell after he hypodermic injection to 148. There was no elief in this case.—Therapeutic Gazette.

Cholelithiasis—Treatment of.

Dr. P. Mayer, in The Lancet, June, 1912, aserts: (1) Acute cholecystitis should be treated nedically; only the most severe form, cholecysttis acutissima, belongs to the surgeon; (2) hronic relapsing cholecystitis should be treatd by operation only when all the suitably employed agencies of medical therapy have failed; 3) operation should be performed in chronic bstruction of the ductus choledochus if two or hree months of medical treatment are without ffect. In cases with prolonged remittent fever, igors, and bad general condition the operation s unquestionably indicated; (4) hydrops vesicæ elleæ demands operation only if there are peristent and very severe irritative phenomena; 5) empyema of the gall-bladder and all suurating processes in the region of the gallladder and in the liver should be operated pon; (6) adhesions about the gall-bladder hould be treated medically as long as the inonvenience produced is not marked. In the nost severe cases operation is required; (7) cute and chronic pancreatitis resulting from holelithiasis belong to the surgeon. In the uthor's experience of all the substances recomnended for the treatment of cholelithiasis he an attribute a genuine value to salicylic acid rly. Salicylate of soda with extract of bellalonna are often found valuable in practice. The hief influence of salicylic acid is upon the inlammatory symptoms. The author has seen he best results with salicylic acid in acute and hronic cholecystisis, especially with simultaneus rest in bed and the application of hot comresses. In such cases he gives from two to our times a day a powder of codium salicylate .5 gram, and extract belladonna 0.01-0.02 gram, lissolved in warm water. He has used calomel or years according to the recommendation of Sacharjin in severe cases of biliary colic accomanied by constant pain and high fever. He ives 0.06 gram every hour for the first three to ive doses, according to the nature of the case, nd. afterward every two hours until the first ypical calomel stool appears. Striking results re frequently obtained by this treatment, since he pains often cease at once, the fever gradially diminishes, and the whole severe symptomomplex completely disappears in a few days. The bile can be made more liquid by giving the atient an abundance of fluid. Excesses in eating must be avoided. All food difficult of digestion must be strictly forbidden. Food should be taken minced or in the form of puree. The patient should be kept in bed for several days after each attack of biliary colic, and in severe cases as long as there are inflammatory manifestations and as long as tenderness on pressure over the gall-bladder remains. In the absence of these symptoms physical excesses are not only indicated, but constitute one of the most important factors in treatment. Deep breathing exercises are valuable.

Duodenal Ulcer—Treatment of.

Dr. Vautrin, in Revue de Chirurgie, Paris, remarks that as a duodenal ulcer is of peptic origin, it follows that when the irritating hydrochloric acid can be kept away from it, the ulcer will heal. This is often possible by medical means, dieting to reduce production of acid, plus ingestion of alkalies to neutralize what is on hand. Under systematic perseverance with these measures he has cured patients with no sign of recurrence for eight or ten years to date. Old chronic ulceration with hard edges will never yield to medical measures alone, while it is a constant source of danger. The simplest, quickest and most effectual operative means to prevent further corrosion from the gastric juice is to shut off the duodenum entirely. A gastroenterostomy alone does not answer the purpose unless the pylorus is already impermeable. The exclusion should be done 2 or 3 cm. above the tumor, in sound tissue. He throws a ligature around the trunk of the gastro-duodenal artery to ensure against hemorrhage and does this also as a precautionary measure when only gastro-enterostomy is done. He reports a case of hemorrhagic duodenal ulcer with symptoms recurring during two years and during the following year there was severe hemorrhage from the ulcer on six occasions. The duodenum was severed close to the pylorus, the stumps were sutured separately, followed by gastro-enterostomy. The patient, a woman of 42, was thus cured at one stroke of all disturbances and has been in good health since: She still takes pains to conform to a diet that keeps the tendency to hyperchlorhydria under control.

Dysentery—Amebic.

Dr. J. B. Wallace, of Tampa, read a paper on this subject at the meeting of the Florida State Medical Association, May, 1912. He referred to the very marked increase in the prevalence of amebic infection; to 35 cases in which diagnosis was confirmed by the laboratory. In over 40 cases hepatic abscess was found. This complication is variously estimated as occurring in from 5 to 25 per cent. of cases. Most of his cases originated from eating of contaminated lettuce or other uncooked vegetables.

In the treatment of amebic dysentery here at the present time ipecac has practically supplanted all other measures. The method employed is that suggested by Dudley of Manila about two years ago. The patient is put on a milk diet and confined to bed; after 4 P. M. takes neither food nor water for four hours when he is given 30 grains of ipecac, in six salol-coated pills, swallowing these with as little water as possible. The patient takes no food or water during the night; the next day he takes

water and milk liberally until 4 o'clock and after a four hours fast is given 25 grains of ipecac. The dose is reduced 5 grains daily, until the 5-grain dose is reached. Patient is then put on a light diet, and daily dose of 5 grains continued for a week or ten days. If the pills are properly prepared there is little or no nausea. This treatment has given excellent clinical results; as to whether they are permanently sufficient time must determine. The local treatmnt by irrigations with the various amebacidal solutions has failed.

Ptyalism.

℞ Potassii chloratis, gr. xvj.
Tinct. ferri chloridi, f℥ij.
Glycerini, f℥j.
Aquæ, f℥ij.
M. Sig.: Teaspoonful every two hours.
℞ Acidi tannici, ʒj.
Syrupi aurantii,
Glycerini, of each, f℥j.
Aquæ, q. s. ad f℥vj.
M. Sig.: Use as a mouth-wash five or six times daily. (Prescription.)

Therapy of Cold.

According to Dr. A. S. Blackader, of Montreal, Canada, as reported in the A. M. A. Journal, the effect of cold air on the body is twofold. First, there is an actual extraction of heat which is rarely desirable, and as far as possible should be prevented. The body loses the largest amount of heat through conduction and this should be prevented by proper clothing. Much more important than the abstraction of heat from the body is the stimulating action of the cold on the delicate sentient nerves of the periphery. Both respiration and circulation are strengthened, oxidation is increased, and nutrition becomes more active. There is also a powerful stimulation conveyed to the medullary centres by the effect of cold air on the nasal mucous membrane. Cold, provided it be not excessive, has a markedly stimulating action on the digestive system. Cold also seems to stimulate the blood-forming organs. As a result of these factors, the resisting powers of the body against toxins and its ability to respond protectively to the assault of infection is greatly increased. These benefits of cold depend, however, on the power of the individual to react and this varies greatly and seems to be dependent on the vasomotor tone. Those suffering from any interference with the free passage of air through the nostrils do not react well to cold air. Inflammatory conditions of the larynx and trachea may be subjected to additional irritation by cold air. To benefit from a winter in the North, the intestinal tract and the kidneys should be in good working order. Extreme cold is not desirable for those suffering from gout, arthritis or neuritis. For those suffering from advanced degeneration of any organ, for those advanced in years and for the very young extreme cold may be distinctly harmful. It cannot be too strongly emphasized that all the benefit to be derived from a residence in the North will depend on the completeness with which an outdoor life is lived.

Hospitals and Sanatoria.

An alarm of fire was sounded September 9t for a trivial fire in the Barker Pavilion for Cor tagious Diseases at the Morristown Memori Hospital. It was put out with small loss.

Mercer Hospital, Trenton.

At a meeting of the Board of directors c Mercer Hospital, held September 17th, an nouncement was made that the institution re cently purchased the large house adjoining th hospital on Rutherford avenue as another hom for nurses. The number of nurses at the hos pital has increased so rapidly within the pas few months that proper accommodations coul not be provided in the regular home, situate on the hospital grounds. The new structure i commodious in every respect and will hous many nurses. It was also announced at the con clusion of the session that the new obstetrica wards were opened in the hospital on Septem ber 1.

During the session, Dr. William W. Steven son, Dr. Raford K. Adams and Dr. Henry E Austin were appointed resident physician of th hospital. Dr. Lawrence H. Rogers, of Wes State street, who is a graduate of the Universit of New York and the Bellevue Hospital of New York City, and who was at one time residen physician of the latter institution, was electe as a physician to the medical out-patient depart ment.

Hospital and Sanatoria Maintenance.

Dr. George R. Moore, Trenton, president o the Tuberculosis Hospital staff, gives the rat of maintenance per week in several institutions as follows: Presbyterian Hospital, Philadelphia $16.87; Presbyterian Hospital, New York, $21.5 per week. For house maintenance alone in Trenton hospitals: Mercer Hospital, $10.71; McKinley Hospital, $8.75.

The following is the weekly rate at the following first-class sanatoria:

White Haven, Pa., $9.14 per week; Glen Gardner, N. J., $9.10 per week; Municipal Tuberculosis Hospital, Washington, D. C., $10.36 per week; Hunicipal Tuberculosis Hospital, Trenton, N. J., $12.04 per week, for first year, which is always more than succeeding years; Rhode Island sanatorium, $9.57 per week; Massachusetts State Sanatorium, $10.25 per week; Gaylord Farm Sanatorium, Connecticut, $12.16 per week; Vermont Sanatorium, $12.72 per week.

White Haven, Pa. Sanatorium.

We have received the fourteenth annual report of this sanatorium. From the annual address of the president, Dr. Lawrence F. Flick, we gather the following facts:

Summary of patients treated for eleven years at the sanatorium. From August 8, 1901, to February 29, 1912:

Number of patients admitted, 5,062; annual stay-overs from previous years, 1,348 and from 1911 to 1912 173, in all 1,521.

In sanatorium less than one week: (left), 275, died, 11.

In more than one week and less than a month, 694, or 14.2 per cent. Of these cases: disease arrested, 1; improved, 412, or 59.4 per cent.; not

nproved, 236, or 34 per cent.; died, 45, or 6.5 er cent.

In more than one month and less than 3 nonths, 1,558, or 32 per cent. Disease arrested, 7, or 3.7 per cent.; much improved, 227, or 14.6 er cent.; improved, 710, or 30.3 per cent.; not nproved, 261, or 16.7 per cent.; died, 50, or 3.2 er cent.; no result recorded, 3.

In the sanatorium over 3 months, 2,339, or 48 er cent; of these cases, disease arrested, 822, r 35.1 per cent.; much improved, 596, or 25.5 er cent.; improved, 710, or 30.0 per cent.; not mproved, 170, or 7.3 per cent.; died, 40, or 1.7 er cent.; no result recorded, 1.

The average gain in weight was:

In patients in sanatorium 1 week and less han one month, 3.11 pounds. In one month nd less than 3 months, 8.68 lbs. In over 3 nonths, 15.40 lbs. Total average, 11.26 lbs.

The address also gives a table on maintenance f patients from March 1, 1911, to February 29, 912, showing:

Total number of patients, 732; total number f weeks of maintenance, 929,529; average num- er of weeks, 12.69; total cost of maintenance, 85,012.91; cost per week per patient, $9.14.

The following are given as the examining hysicians for New Jersey:

Drs. P. H. Markley, Camden; P. D. B. Bunt- ng, Elizabeth; J. Hemsath, Newark; B. Hood, Newton; R. H. Hunt, East Orange; O. R. Hagan, Paterson; F. J. Hughes, North Plain- field; C. J. Craythorn, Trenton; George E. Reading, Woodbury.

Division of a Hospital into Teaching Units.

In the discussion of medical education in Lon- don, Osler takes up the question of the relation of the hospital to the medical school, and he ad- vocates the division of a hospital into teaching units. Each unit should be devoted to one de- partment of medicine and should have its own clinics, laboratories, and other accessories for both teaching and research. Only by the use of hospital material in this manner can the stu- dent become familiar with disease. The clinical clerk working at the bedside under competent supervision can learn more practical medicine in three months than he could cull from a year's didactic lectures. Too often when clinical teaching facilities are lacking, capability as a physician is judged purely by ability to answer examination questions; and after all the best way of learning how to answer examinations is by cramming quiz compends.

Osler's contention then that all hospitals be used as part of the equipment of university med- ical schools is one that should be of special interest to Americans, because in America the loose connections now existing between school and hospital have kept back the advance of American medicine in an almost startling man- ner.—Interstate Med. Jour.

Hospital Service.

By Dr. R. H. Fitz, in the Boston Med. and Surg. Jour.:

The question of the introduction into hos- pitals of a continuous or an interrupted service seems to Fitz to depend, first, on the source from which the hospital derives its funds, that is, from endowment or taxes. Although all hospitals are for the immediate benefit of the sick, in a civic hospital opportunities for teach- ing and research must be subordinate. They are called for and justified on the ground that through them a better grade of physician and sugeon can be secured for the hospital and can be developed in it. The endowed hospital is less urgently called on than the civic hospital to maintain an interrupted service, for taxpayers are justified in the demand that it is more im- portant for them to have many well-trained practitioners at their call than fewer but more highly trained physicians and surgeons. In en- dowed hospitals, unless thoroughly identified with teaching, a combination of continued and interrupted services, open only to competition through merit, offers more favorable opportuni- ties for more highly trained practitioners and producers than a continuous service alone. An endowed hospital so situated and so controlled as to place research, teaching and the care of the sick on an equal plane, and able to induce the exceptionally qualified man, wherever he may be found, to assume charge of these three- fold interests, should come to such terms with him as to control of service, appointment of as- sistants, equipment and salary as would urge him to relinquish all but the most exclusive practice and thus assure his acceptance of a po- sition which necessitates leadership.

Married.

LAMB—GOLDEN.—At Elizabeth, N. J., September 12, 1912, Dr. William P. Lamb, of Summit, N. J., to Miss Hannah Marie Golden, of Elizabeth.

Deaths.

BLAUVELT.—At Saranac Lake, N. Y., Sep- tember 1, 1912, Dr. Elizabeth Hedges Blauvelt, aged 30 years.

Dr. Blauvelt took a course of medicine at Johns Hopkins University, Baltimore, to be- come a medical missionary. She went to China in the fall of 1905 and for three years was in charge of the hospital of the Dutch Reformed Church at Amoy. She was a daughter of the late Rev. G. M. S. Blauvelt, who was pastor of the Reformed Church at Franklin Park, N. J., for several years. She returned home in failing health about three years ago.

GILLSON.—At Paterson, N. J., September 15, 1912, Dr. Michael W. Gillson, aged 56 years.

Dr. Gillson was born in Pennsylvania in 1856. He completed his early education in the State Normal School at Trenton and for eight years taught school. He began the study of medicine in Baltimore, and completed it in New York, graduating from the New York University Med- ical College in 1881, and began practice in Pat- erson about thirty years ago. He was a mem- ber of the Passaic County Medical Society and of the Medical Society of New Jersey. He is survived by his widow and three children.

MILLER.—At Lebanon, N. J., August 27, 1912, Dr. Henry H. Miller, aged 58 years.

Dr. Miller was born at Middle Valley, N. J. He graduated from the New York University Medical College 1881, practised a few years at Mountainville, and then for twenty years at Lebanon. He was a director of the New Jer- sey Telephone Company.

PARKER.—At Jersey City, N. J., August 25, 1912, Dr. William J. Parker, of typhoid fever, aged 54 years.

Dr. Parker was educated at the Bellevue Hospital Medical College and began at once to practice in Jersey City. He was a member of the Hudson County Medical Society and the Medical Society of New Jersey. He was appointed first lieutenant and assistant battalion surgeon, Fourth Regiment, N. G. N. J., on May 9, 1893. He was promoted to major and regimental surgeon in 1895 and in 1904 he became lieutenant-colonel and staff surgeon of the First Brigade of New Jersey.

On May 17, 1910, Dr. Parker was appointed surgeon on the staff of General P. Farmer Wanser, commander of the National Guard of New Jersey. His wife died two years ago. He is survived by his mother and two sons.

Personal Notes.

Abraham, Dr. Charles F., East Orange, spent his vacation at Atlantic City.

Areson, Dr. William H., Montclair, and wife enjoyed a trip to Niagara Falls in August.

Becker, Dr. Gustav A., Morristown, spent a few days in August at the Thousand Islands and later at Atlantic City for a few days.

Blake, Dr. Duncan W., Jr., Gloucester City, is a canidate for Surrogate of Camden County on the Progressive ticket.

Bradford, Dr. Stella S., Montclair, spent two weeks in August at Southport Conn.

Broughton, Dr. William B., Bloomfield, and wife were registered at the Thorwald, Bass Rock, Mass., in August.

Costill, Dr. Henry B., Trenton, and wife spent the month of September in the Adirondacks.

Davis, Dr. Henry H., Camden, and wife spent the summer at Island Heights.

Davis, Dr. William H., East Orange, returned last month from a three months' trip through the British Isles.

Davenport, Dr. Peter B., Vailsburg, enjoyed a ten days' trip through Maryland in August.

Donohue, Dr. Lucius F., Bayonne, is building a camp at Lobster Lake, Kineo, Maine.

Dougherty, Dr. Arthur C., Newark, has returned home after a two months vacation at Greenwood Lake.

Elwell, Dr. Alfred M., Camden, spent a few days at Ocean City last month.

Fretz, Dr. John H., Lambertville, has removed to Trenton, locating at 368 Olden Avenue.

Flagge, Dr. Frederick W., Rockaway, has been appointed a member of the Morris County Mosquito Extermination Commission.

Jaquith, Dr. Walter A., East Orange, and wife spent a month in Canada the past summer.

Jennings, Dr. Charles H., Merchantville, and wife returned in August from a sea voyage to Jamaica.

McAlister, Dr. Alexander, Camden, returned last month from a few weeks visit at Stroudsburgh, Pa.

Mahaffey, Dr. Jesse L., Camden, and family returned last month from their summer stay at Ocean City.

Markley, Dr. Paul H., Camden, and family returned last month from Bower's Beach, Del.

Moore, Dr. George R., Trenton, returned last month from a month's stay in the Adirondacks.

Newell, Dr. William A., Trenton, and wife returned last month from an extensive moto trip through the White Mountains.

Pechin, Dr. Edward C. Camden and wife enjoyed an auto trip through New Hampshire in August.

Pollard, Dr. Joseph E., Chatham, spent his vacation in Maine.

Pratt, Dr. William H., Camden, and wife enjoyed a two weeks' sojourn at Ocean City. recently.

Small, Dr. Alexander, Riverside, took a brief vacation in September.

Strickland, Dr. George W., Roselle, and wife toured the Birkshires and northern New York State in their auto during August.

Synnott, Dr. Martin J., Montclair, after returning from his trip abroad, spent a few days last month with his family at Allenhurst.

Vail Dr. Herbert B., Belleville, and family spent their vacation last month in Canada.

Voorhees, Dr. Howard C., New Brunswick, and wife spent a few days at Asbury Park in August.

Wigg, Dr. Cuthbert, Boonton, has resigned as attending physician at the N. J. State Firemen's Home after twelve years of service. Dr. N. J. Sommer has been appointed his successor.

Marvel, Dr. Philip, Atlantic City, read a paper on "Scientific Employment of Physical Therapeutics" at the annual meeting of the A. M. A., which is published in the September 7th issue of the A. M. A. Journal.

Smith, Dr. Arthur L., New Brunswick, and family enjoyed a two weeks' vacation in Massachusetts in September.

Stites, Dr. Joseph A., Springfield, has been reappointed medical inspector of the Springfield Township schools.

Wallace, Dr. Henry, Glen Ridge, and wife returned in August from Hot Springs, Va., where they had spent several weeks, and went to Atlantic City for a few days.

Baker, Dr. Charles F., Newark, spent a few days last month at the Delaware Water Gap.

Donohue, Dr. Frank M., New Brunswick, and family enjoyed an automobile trip through New England in August.

Kelchner, Dr. William I., Camden, and family have closed their summer home at Wildwood and returned to Camden.

Pratt, Dr. William H., Camden, and family have returned home from Ocean City.

Riva, Dr. Ferd. E., New Brunswick, is removing his office to his former home—Riva avenue, Milltown. He has recently been appointed on the staff of the Wells Memorial Hospital.

Schellenger, Dr. Edward A. Y., Camden, and family are home after spending the summer at Ocean City.

Haines, Dr. Eleanor, Newark, has returned from her vacation spent at Poland Springs, Me.

Schneider, Dr. Charles A., Newark, and wife spent ten days in Canada last month.

Pinneo, Dr. Frank W., Newark, has a description, with a cut, of a new regulating dropper for ether or chloroform, usable on any container, invented by himself, in the A. M. A. Journal of September 14th.

Douglas, Dr. James, Morristown, spent his summer vacation at Delhi, N. Y.

Gray, Dr. Thomas N., East Orange, has opened an office in the Aldine, corner of Broad and Lombardy streets, Newark, confining him-

lf to pediatrics; consultation, diagnosis, treat-ent and feeding.

Iszard, Dr. William H., Camden, spent two eks last month in Cleveland, Ohio, visiting s daughter.

Kensinger, Dr. William H., Camden, has been pointed foreman of the present Camden unty Grand Jury. Dr. John K. Bennett, of oucester City, is also a member of the grand ry.

Oliphant, Dr. Nelson B., Trenton, and family ent the month of August at Casco Bay, Me.

Lawrence, Dr. William H., Jr., Drs. T. P. rout and W. J. Lamson, Summit, sailed for anama, September 14th. They expect to re-rn early in October.

McLaren, Dr. William S., Princeton, and wife ve returned from their summer outing.

Rogers, Dr. Richard R., Trenton, celebrated s 89th birthday anniversary on September 15th. e is in good health and still continues to prac-e medicine as he has done for more than ty years. Our congratulations are extended him.

Beach, Dr. Edward M., West Long Branch, eclined to become a candidate for Mayor of at town.

Evans, Dr. Britton D., Greystone Park, had a ngthy article in the New York American on forts to banish health-destroying noises from ur cities.

Halsey, Dr. Levi W., Montclair, and family ave returned from Quebec, Canada, where they ent most of the summer.

Teeter, Dr. Charles E., Newark, has returned om Big Moose, N. Y., where he spent three eeks.

Whitehorne, Dr. Henry B., Verona, was a elegate from the Cedar Grove Board of Health the International Congress on Hygiene, at Vashington, D. C.

Book Reviews.

HE PRACTICE OF MEDICINE. A MANUAL FOR Students and Practitioners. By Hughes Dayton, M. D., formerly of the Cornell University Medical School, New York. New (2d) edition, thoroughly revised. 12mo, 326 pages. Cloth, $1.00 net. The Medical Epitome Series. Lea & Febiger, publishers, Philadelphia and New York, 1912.

The second edition has been largely rewritten nd the changes made correspond with the ad-ancement in our knowledge of infectious, car-liac and constitutional diseases.

PROGRESSIVE MEDICINE: A QUARTERLY DIGEST of the Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Leighton E. Appleman, M. D. Vol. III., September, 1912. Lea & Febiger, Philadelphia and New York. 1912.

The contents of this volume are under the fol-lowing heads: Diseases of the Thorax and Its Viscera; Dermatology; Obstetrics, and Diseases of the Nervous System.

ESSAYS ON GENITO-URINARY SUBJECTS. By Bay-ard Clark, M. D., Asst. Genito-Urinary Sur-geon to Bell. Hosp., etc., New York. Wil-liam Wood & Company. 1912.

The writer has combined several essays of his own and added thereto several chapters on gen-ito-urinary subjects producing an interesting presentation of his ideas on Tuberculous Kidney, Various Prostatic Diseases, and giving due credit to the ubiquitous gonococcus.

AN ESSAY ON HASHEESH. By VICTOR ROBIN-son. Including Observations and Experi-ments. Cloth, 50 cents, postpaid. New York: Medical Review of Reviews.

A most interesting and readable essay on the history of the plant and its physiological and psychological effects as evidenced by experimen-tal results on the writer and his companion. Its matter and style remind one of the celebrated "Confessions of an Opium Eater." It is well worth the time consumed in its reading and sug-gestions. The drug is a dangerous one and may come into more general use on account of its exhilarating effects on the system.

THE PRACTICAL MEDICINE SERIES, COMPRISING ten volumes on the Year's Progress in Med-icine and Surgery, under the general edi-torial charge of Gustavus P. Head, M. D., Professor of Laryngology, and Charles L. Mix, A. M., M. D., Professor of Physical Diagnosis, Northwestern Medical School. Vol. IV., Gynecology, edited by Emilius C. Dudley, A. M., M. D., Professor Gynecol-ogy, N. W. Med. School, and C. von Bachelle, M. S., M. D., Asst. Professor Ob-stetrics, Chicago Polyclinic. Series 1912. Chicago, The Year Book Publishers, 180 North Dearborn street.

THE SURGICAL CLINICS OF JOHN B. MURPHY, M. D., at Mercy Hospital, Chicago. Vol. I., No. 4 (August). Octavo of 154 pages, illus-trated. Philadelphia and London: W. B. Saunders Company, 1912. Published Bi-monthly. Price per year: Paper, $8.00; cloth, $12.00.

MOTHER AND BABY: HELPFUL SUGGESTIONS CON-cerning Motherhood and the Care of Chil-dren. By Anne B. Newton, M. D., of South Orange, N. J. Published by the Lothrop, Lee and Shepard Co., Boston, Mass.

The author of this book is one of our own members and she has given us a volume of 298 pages that is full of excellent advice and one which any physician can safely commend to mothers for their guidance both before and after the birth of children. The author wisely says in the preface: "Although this is written by a physician, it is not intended in any way to take the place of a doctor's advice. On the other hand, it is hoped that the necessity for selecting a physician and following his advice before the child is born is made apparent."

BOOKS AND REPRINTS RECEIVED.

Hygiene and Public Health. By Victor C. Pederson, M. D., New York. Published by Lea & Febiger, Philadelphia and New York.

Transactions of the Florida Medical Associa-tion for the Year 1911.

Digest of Comments on the Pharmacopœia of the U. S. of A. and on the National Formu-lary. Bulletin No. 84, Hygienic Laboratory, Washington, D. C.

Council on Pharmacy and Chemistry Reports. Published by A. M. A., Chicago.

Report of Commissioners of the State Reservation at Saratoga Springs, 1912.

The X-Ray Treatment of Ringworm of the Scalp and Report on 140 Cases of Psoriasis in Private Practice, by Dr. L. Duncan Bulkley, New York.

An Experimental Study of the Treatment of Cancer with Body Fluids, by Drs. E. J. Ill and W. D. Minningham, Newark.

The Causes of Appendicitis; Headaches and Tender Points in Diagnosis; also Acute Hæmatogenous Infection of One Kidney in a Person Apparently Well, by Gordon K. Dickinson, M. D., Jersey City.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Arizona, July	9	8	1
Connecticut, July	39	32	7
Georgia, May	184	172	12
Kansas, June	41	36	5
Kentucky, June	72	65	7
*Maryland, June	146	112	34
Michigan, May	44	44	0
Minnesota, June	35	34	1
Nebraska, May	59	56	3
Ohio, June	208	191	17
Rhode Island, July	15	8	7
South Dakota, July	11	10	1
Vermont, July	40	38	2
Washington, July	56	36	20

*Maryland Homeopathic report shows that 3 candidates were examined, all of whom passed. They were graduates of the Hahnemann Medical College of Philadelphia.

Dr. H. G. Norton, secretary of the New Jersey Board, reports that at a meeting of the New York Board of Regents, held August 29, 1912, the agreement for medical reciprocity between the States of New York and New Jersey was approved.

Public Health Items.

New Jersey Health Officers' Association.

Dr. Edward Guion, Atlantic City, presided at the meeting of this association at Asbury Park, September 7th. It was decided to seek legislation to compel the use of refrigerator cars in the transportation of milk, also to secure more vital statistics to aid in the control of rabies. It was also needed to increase the per capita appropriation for health purposes from five to twenty cents. Drs. Livingston Farrand and Millard Knowlton addressed the meeting on the anti-tuberculosis crusade. It was decided to ask the American Public Health Association to hold its next annual meeting at Atlantic City.

To Abolish Hudson County Health Board.

The Citizens' Federation of Hudson County received word on September 11th from Attorney-General Wilson granting permission to start procedings to abolish the Hudson County Board of Health. The ousting process will be taken up under quo warranto proceedings.

The federation, for a long time, has contended that there is no necessity for a county Board of Health, and has insisted that there is no warrant in law for it.

Several Cases of Glanders in Newark.

Acting in the capacity of special represent tive of the State Board of Health, David I Chandler, Newark health officer, and Dr. We ner Runge, the local board's veterinarian, a making a campaign against glanders in Newar A half dozen stables and road-house sheds a being watched and it is likely that drastic actic will be taken.

Mr. Chandler declares that there are nume ous cases where veterinarians have wilful failed to report cases of glanders to the author ties, and in other cases stable owners ha failed to consult doctors when they knew the live stock was suffering from the disease. Muc of the difficulty has arisen through out-of-tow horse owners sending their animals to Newar

Contaminated Milk in Newark.

The Newark Evening News recently had 5 samples of milk gathered in Newark and ha them examined. It was found that all but or were "loaded with colon bacilli." The New quotes Dr. C. L. Ill, Dr. R. N. Connolly, cit bacteriologist, and H. B. Baldwin, city chemis as expressing the opinion that such milk wa not only unfit for small children, but also ver probably harmful for adults.

Decreasing Death Rate in New Jersey.

Mr. David S. South, chief of the Bureau c Vital Statistics, in referring recently to the de crease in the death rate, referred to the law pro tecting the milk supply and regulating dairie providing for the regulation and licensing of ic cream factories, compelling sanitary regulation in bakeries and candy factories, and prohibitin the adulteration of food and drugs. In some o these cases new laws have been passed, and i others old statutes have been strengthened, s that now the State Board of Health, with it various departments, is empowered to do effec tive work.

There is still need of other laws, said Mr South, before the health of the people will b sufficiently safeguarded. Stricter regulation against the spread of tuberculosis, legislation fo the extermination of the house fly and provisions for the strict enforcement of the laws for the extermination of mosquitoes are some of the statutes that, he says, are still needed.

Bad Milk Cause of Typhoid Epidemic.

After many delays extending over the past six weeks the State Board of Health has finally submitted its report on the recent typhoid fever epidemic in Woodbury. In its report, which is written by D. C. Bowen, the sanitary inspector, the full responsibility for the outbreak is put upon one of the local milk dealers. He claims the 25 of the 26 cases were directly due to the milk sold by this one dealer.

Tuberculosis Cases Must be Reported.

A new law which became effective recently provides for marked changes in the care and maintenance of tuberculosis patients. One of the features of the new law requires physicians to report tuberculosis cases to the health authorities promptly, thus co-operating with other

;encies that are combating the disease. Phy-
:ians who fail to make these reports are liable
a fine. The new law also provides State aid
a weekly per capita rate of $3, but this money
ill not be available until January 1 next.

Sewage Disposal Plant for Trenton.

A sewage disposal plant at a construction cost
$300,000 and a maintenance and operating cost
approximately between $65,000 and $87,000
nually, is the proposition submitted to the
ity Commission last month by the National
anitation Company, which is willing to put up
ithout cost to the city a demonstration unit
at the officials may see that the company's
stem is efficacious in disposing of sewage.
he construction cost of the National plant is
e most economical yet placed before the com-
ission, but the operation expenses run higher
an some considered by the commission.

Cleaning the Newark Almshouse.

Prompt action is to be taken by the now
vakened city authorities toward cleaning the
thy and vermin-ridden almshouse. The offer
f Health Officer David D. Chandler to make
n effort to convert the institution into a con-
ition in which it will at least be fit for the
ousing of human beings, has been accepted.

Mayor Haussling took an active part in the
iscussion of the situation disclosed, and
rough him the Committee on Poor and Alms
f the Common Council invited Mr. Chandler
) take charge of the situation. Mr. Chandler
: once arranged to make a personal inspection
f the building.

Dairy Cattle to be Killed.

Seventy-five dairy cows from three herds that
ave been supplying milk for consumption by
ne people of Paterson have been condemned
y Dr. William H. Lowe, inspector of the First
)istrict, for the State Commission on Tuber-
ulosis in Animals, and await slaughter. All
ne herds are in the Preakness Valley.

During the month of August the Commission
n Tuberculosis in Animals conducted tests of
,681 cows imported from other States, and con-
emned and slaughtered twenty-eight, which
howed reaction under the tuberculin test. Dur-
ng the same period sixty-four native cattle were
laughtered, the appraised value of which was
2,817.

These facts are contained in a report prepared
or the commission by Chief Inspector Charles
IcNab. The report shows that of the imported
attle 1,003 were tested before entering the State
nd 678 after entering it.

In the First District, thirty one head of local
attle were slaughtered and appraised at $1,370;
n the Second, thirteen were slaughtered and
ppraised at $549; in the Third, three, appraised
t $140; in the Fourth, thirteen, appraised at
559, and in the Fifth, four, appraised at $200,
iving the total of $2,817.

Infant Mortality Lower in New York City.

The Babies' Welfare Association reports that
luring the first week in July—the beginning of
he season of greatest infant mortality—there
vas a decrease of nearly one-third as compared
vith the deaths reported during the same period
ast year. This great decrease is attributed to
the work of the pure milk stations, which are now serving milk to 13,000 registered infants.

The Babies' Welfare Association of New York City continues to keep ahead of its record of last year. For the week ending August 23 there were 358 deaths of infants under one year of age against 361 for the corresponding week of 1911. During this week there were nine deaths among babies cared for by the milk stations. In an appeal for funds to continue the work among tenement babies, sent out by the New York Association for Improving the Condition of the Poor, this organization announces that it has spent during the last ten months $20,000 for milk for sick babies and that no administrative or investigation work is included in this sum.

From January 1, 1912, to September 1st there were 629 fewer deaths of infants in New York City than there were in the corresponding period in 1911.

Infant Mortality in Industrial City.

The results of a careful inquiry in Birmingham, England, into the subject of infant mortality as affected by the industrial employment of mothers, have recently been made public. The investigation included 1,212 mothers, of whom 601 were not industrially employed, and 611 were so employed.

Curiously enough, the death rate per 1,000 births was found to be 190 for those infants whose mothers were industrially employed, and 207 for those whose mothers were not so employed. As the mothers in both cases were from about the same classes of population, the medical officer of health of Birmingham suggested that there were probably other mortality factors in Birmingham of more importance than industrial employment.

The additional income in the families of the industrially employed mothers, would, for illustration, go far toward explaining the lower death rate of their infants. Again, the women who go out to work are naturally somewhat more thrifty, energetic and determined not to get below the poverty line than the stay-at-home mothers. Still other facts which counted unfavorably against the mothers not employed were their larger families and their more advanced age.

The Birmingham inquiry again emphasized the great importance of natural feeding of infants. The mortality from summer diarrhœa was thirty times greater among the bottle-fed children than among the others. In this particular, industrial employment of mothers is bad, for it was shown that while seventy-five per cent. of the mothers not employed nursed their children for at least six months, only twenty-seven per cent. of the industrially employed mothers did so.

A periodical and accurate weighing of all the babies showed that the average weight of the natural-fed was higher than that of the artificially fed, and at the end of the first year of life the average weight of the former was 18.0 pounds and of the latter only 17.2 pounds. Poverty, too, was shown to be an important element in the weight of babies, for the average weight of the babies in families whose income was under ten shillings was only 16.8 pounds at the end of the first year of life, as against 18.8 pounds for babies in families whose income was more than thirty shillings.—Newark Evening News.

Protecting Our City Against Cholera.

Surgeons of the Public Health Service who examine immigrants have been warned from Washington to be on the lookout for cholera carriers. Double examinations of all entering aliens are prescribed until the present outbreak of cholera in Southern Sardinia and Italy and in Beirut, Syria, subsides. Each immigrant arriving from the cholera-infected countries will be subjected to a bacteriological examination.

Sixty More "Medicines" Listed by the Government as Inebriating Drinks.

A long list of stomach bitters, stimulants, cure-alls and "sure thing" elixirs for weak and tired persons was put in the alcohol category on August 31st, by Commissioner of Internal Revenus Cabell.

Sixty in all were added to the total of some 250 formerly held by the Treasury Department to "be insufficiently medicated to render them unfit for use as a beverage," and consequently compelling the dealers, wholesale or retail, to pay a special tax like other dealers in alcoholic drinks.

These so-called "medicines" are submitted to chemical analysis. Each year the Treasury Department makes up a list of those that contain so great a percentage of alcohol that it is deemed proper that they be subjected to a special tax. The manufacturers of these preparations are located in nearly every State of the Union.

"Joker" in Amendment to Pure Food Law.

That the amendment to the pure food law which Congress has just passed, designed to wipe out patent medicine fakes, will not accomplish its purpose, and that it contains a "joker" which practically nullifies its intended effect, was the declaration recently of Dr. Harvey W. Wiley, former head of the Bureau of Chemistry and pure food expert. The amendment was contained in the Sherley bill. Dr. Wiley says:

"In securing the passage of the Sherley amendment, the vendors of fraudulent preparations have won a victory, and again the interests of the public have been sacrificed in the guise and under the pretense of correcting an evil. It appears to me that Congress has only given them another lease of life, enabling the roots of fraud and corruption to sik deeper into the soil of protective legislation—protective of the vested interests, but not to the public welfare."

A Good Prophylactic Exhibit.

That the average citizen in towns of 7,500 or more can be led to take an active interest in public health work, was demonstrated recently by the combined work of the various philanthropic and charitable agencies of Waynesboro, Pa., in an interesting and instructive campaign for the lessening of infant mortality. The exhibit was ocular as far as it was possible to make it so, supplemented by lectures given by trained nurses connected with the exhibit, by local physicians in the town, and by representatives of the State health department. The exhibit was advertised under the name of "The Baby-Saving Show," and it well deserved the name. The entire program and nearly every lecture given were published each day in the local pape Similar "baby-saving shows" were held in ma towns in Pennsylvania following the origir show in Philadelphia, and for many of the portions of the exhibit used in Philadelph were borrowed. It is gratifying to see the i crease in work of this kind. It pays well lives saved and sickness lessened.—A. M. Journal.

Hygiene at State and County Fairs.

Missouri, through her State Medical Societ has taken up the matter of educating the pu lic in hygienic and sanitary matters by providir a course of lectures and an exhibit at the Sta fair. Two half-hourly lectures are to be give each day of the fair by some physician or ve erinarian on various medical and sanitary su jects pertaining to human beings and animal supplemented by moving-picture exhibits alon the same line. The Journal of the Missou State Medical Association appropriately recon mends that county medical societies, co-opera ing with the county boards of health, count superintendents of schools and other count officers whose duties bring them in touch wit questions of municipal sanitation, arrange sim lar courses of lectures and exhibits at count fairs as a means of popular education. Stat and county fairs, although held for public educa tional purposes, usually confine their attentio to stock and other material interests, to the neg lect of the most important interest of all, th physical welfare of the human animal.—A. M. A Journal.

BOARD OF HEALTH AND BUREAU O VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, August, 1912.

The number of deaths reported to the Stat Board of Health by the Bureau of Vital Statis tics for the month ending August 10, 1912, wa 3,453. By age periods there were 1,017 death among infants under one year, 330 deaths o children over one year and under five years an 843 deaths of persons aged sixty years and over

The mortality for the month is much lowe than the corresponding period last year. Death from communicable diseases continue low an in most cases slightly below the average Deaths from infantile diarrhœa are also mucl less than the corresponding period for the pre vious five years.

The following table shows the number of cer tificates of death received in the State Bureau o Vital Statistics during the month ending Aug ust 10, 1912, compared with the average for th previous twelve months, the averages bein given in parentheses:

Typhoid fever, 19 (27); measles, 20 (22); scar let fever, 16 (12); whooping cough, 29 (20) diphtheria, 37 (40); malarial fever, 2 (2); tuber culosis of lungs, 295 (308); tuberculosis of othe organs, 60 (53); cancer, 167 (166); diseases o nervous system, 358 (355); diseases of circula tory system, 384 (397); diseases of respirator system (pneumonia and tuberculosis excepted) 95 (217); pneumonia, 93 (239); infantile diar rhœa, 654 (206); diseases of digestive systen (infantile diarrhœa excepted), 231 (188); Bright' disease, 231 (230); suicide, 38 (32); all other dis

es or causes of death, 724 (636); total, 3,453 (150).

oratory of Hygiene—Bacteriological Dept.

pecimens for bacteriological diagnosis examd: Specimens received from suspected cases diphtheria, 283; tuberculosis, 416; typhoid er, 550; malaria, 47; miscellaneous specimens, total, 1,381.

Division of Food and Drugs.

During the month ending August 30, 1912, samples of food and drugs were examined the State Laboratory of Hygiene, with the owing result:

The following were found to be below standd: 50 of the 392 samples of milk; 26 of the of butter; 19 of the 29 of lard; 1 of the 21 of am; 1 of the 7 of cider vinegar and the one sausage.

Above standard: All 15 of spices; all 7 of bakg powder; all 7 of ice cream; all 7 of olive all 8 of pepper; all 5 of tomato soup; the 2 h of salt, blended vinegar; the 1 each of butmilk, chocolate, eggs, honey, maple flake, nutg, paprika, sardines, syrup, tunny fish, Worctershire sauce and borax.

Thirty-five suits were instituted in cases where nples were found to be below standard, as llows: Milk, 33; butter and cream, each, one.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 384 dairy inspections were de, as follows. The columns give the numr inspected and the number found to be 60 r cent. above and 60 per cent. below the perit mark:

County.	Number inspected.	Above 60%.	Below 60%.
rlington	2	0	2
sex	1	0	0
oucester	2	0	2
dson	1	0	1
nterdon	19	4	15
rcer	88	19	69
ddlesex	17	3	14
onmouth	2	1	1
rris	3	3	0
ssaic	4	0	4
lem	1	0	1
merset	106	46	52
ssex	36	35	1
cks, Pa.	59	15	44
squehanna, Pa.	4	3	1
yoming, Pa.	39	20	19
Totals	384	149	226

One dairy in Essex and eight in Somerset re stopped from producing milk.

mber of dairies, first inspection..... 337
mber of dairies, reinspected..... 47
tters sent to dairymen..... 131
ater samples collected on dairy premises. 2

Inspections were made at the request of the llowing local boards of health: Asbury Park, llingswood, Gloucester City, New Brunswick, range, Paterson, Perth Amboy, South Orange, uth River and Trenton.

CREAMERIES INSPECTED.

Elmer, Hopewell, Paterson 6, Roys Crossing; tal, 9.

Letters sent to creamery operators, 3.

ICE CREAM FACTORIES INSPECTED.

Allentown, Bayonne 3, Burlington 2, Camden 10, Dover 4, Harrison 3, Jersey City 5, Madison, Newark 2, Orange, Passaic 10, Paterson 18, South River, Trenton 2; total, 63.

Ice cream factory licenses recommended.... 8
Letters sent to ice cream factory operators.. 59

During the month ending August 31, 1912, 134 inspections were made in 79 cities and towns; the largest number made in cities were: Camden 9, Jersey City 11, Newark 9, Trenton 16, Hoboken and Union Hill each 3. In 10 towns two inspections were made.

The following articles were examined during the month, but no samples were taken:

Milk, 498; butter, 399; food, 501; drugs, 40.

Other inspections were made as follows:

Milk wagons, 202; milk depots, 44; grocery stores, 292; drug stores, 1; slaughter houses, 31; meat markets, 1; canning factories, 32; cold storage warehouses, 3; butter wagons, 3; bakeries, 3; miscellaneous, 5.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 314; public water supplies, 124; proposed public water supplies, 2; private water supplies, 116; bottled water supplies, 5; State institution supplies, 15; dairy supplies, 1; miscellaneous, 41; sewage samples, 10.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, Asbury Park, Bay Head, Boonton, Bridgeton, Clarksboro, Columbus, Crosswicks 2, Dunellen, Elizabeth, Gladstone, Glen Gardner, Jamesburg, Kenilworth, Keyport, Lambertville, Laurel Springs, Long Branch, Mantoloking, Matawan, Millville, Moorestown 2, Mount Holly, New Egypt, Rahway, Ridgewood, Roebling, Rumson, Sea Girt, Skillman, South Plainfield, Trenton Junction, Wallington.

Watershed inspections at Bloomsbury, Bound Brook, Jersey City, Moorestown, Sparta.

Bottled water supply inspections at Asbury Park, Ewingville, Ewing Township, Great Notch, Midland Park, Plainfield, Trenton.

Sewage disposal plants and seyerage systems inspected at Aldene, Bradley Beach, Chatham, Madison, Changewater, Cranford, Cresskill, East Rutherford 2, Englewood, Fair Haven, Glen Gardner, Haddonfield, Haddon Heights, Mullica Hill, New Brunswick 2, North Bergen, Overbrook, Perth Amboy, Ridgewood, South River, Trenton 4, Verona, Washington, Water Witch, Woodbridge 2.

Stream inspection on Absecon Inlet, Atlantic Ocean, Barnegat Bay, Cedar Brook, Clam Creek, Cold Spring Inlet, Cornell Harbor, Corson's Inlet, Deal Lake, Delaware River, Gardner's Basin, Great Egg Harbor Bay, Great Egg Harbor Inlet, Hackensack River, Haynes' Creek, Hereford Inlet, Lakes Bay, Ludlam Thoroughfare, Manahawkin Bay, Manasquan River, Maurice River, Middle Brook, Paulins Kill, Pensauken Creek, Rahway River, Rancocas Creek, Raritan River, Rockaway River, Shark River, Sharp's Run, Shrewsbury River, Swan Creek, Toms River, Townsend's Inlet, Tuckerton Bay, Wallkill River, Wesley Lake.

Number of stream pollutions reportted.... 67
Reinspections of stream pollutions made 646
Stream pollutions found abated..... 256

Notices to cease pollution issued..... 29
Cases referred to the Attorney General.... 44
Plans for sewerage system, sewage disposal plants and extensions approved..... 18
Plans for water supply systems approved.. 2

NEW AND NON-OFFICIAL REMEDIES.

Since publication of new and non-official remedies, 1912, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-official Remedies:"

Urethral Suppositories Adrenal Comp., H. K. Mulford Co.

Vaginal Suppositories Adrenal Comp., H. K. Mulford Co.

Adrenal Comp. Lozenges, H. K. Mulford Co.

Adrenal Ointment, H. K. Mulford Co.

Adrenal Rectal Suppositories, H. K. Mulford Co.

Saloquinine, Merck & Co.

Articles Accepted for N. N. R. Appendix.

Syrup of Quinine with Chocolate containing quinine sulphate 2.156 Cm. in 100 Cc. (10 grs. in a fluid ounce.)

Ointment of Cargentos and Ichthyol containing cargentos 5 per cent. and ichthyol 5 per cent. (Jour. A. M. A., Aug. 3, 1912, p. 369.)

Menthol-Iodol, Kalle & Co.

Facetious Items.

A company of motion-picture actors and actresses gave a performance of "Chantecler" on the grounds adjoining the suburban studio of a film-manufacturing company. A little later one of the actors, out for a walk, came upon a man seated by the roadside and weeping bitterly.

"What's the matter?" inquired the sympathetic player.

"I'm one of the patients at the sanatorium for bugs over yonder," explained the despairing one. "Yesterday the doctor said I was well—boo-hoo—and that I could leave in a day or two. And what do you suppose I saw this morning? Roosters and hens six feet high and talkin' just like humans! If I get away from that sanatorium in ten years, I'll be doing mighty well."—Lippincott's.

The wife of a prominent New York lawyer was taken to a sanatorium for a surgical operation and after seeing that his wife was comfortably situated in charge of maid and nurse, the husband left on an important business trip with instructions to the attending physician not to perform the operation until his return.

A few days after his departure, the husband received a communication from his wife—on receipt of which he boarded a train and in a few hours rushed into the hospital very much excited. He inquired for the physician in charge of his wife and asked why the operation had been performed without first advising him, as were his instructions when leaving the hospital. The physician replied that there had been no operation performed to his knowledge, whereupon the husband produced the following letter he had received from his wife a few days previous:

"Dear George—I am so glad that I at last made up my mind to come here. Everyone is so good and kind to me. They cut out my kimona yesterday and sewed it up before I knew anything about it."

On a wet and bitter night in winter old Dr. B. was summoned from his snug home to attend a farmer threatened with pneumonia, relates an exchange. The farmer's wife, a little woman resembling a scared bird, reported that the patient had called for hot punch, but that she awaited the doctor's permission before giving it.

"Make it," said Dr. Baird. "Make it as soon as you can, strong and hot, and let me see it."

The little woman soon fluttered in with the smoking punch. The doctor took it from her hands, examined it, smelled it, then drank it off and smacked his lips in critical satisfaction.

"Exactly," he said. "Give your husband one just like it, only half as much."

"I though you had a trained nurse to wait on your wife."

"So I have."

"And now you're looking for more help."

"Yes, I find I have to have three or four maids to wait on the trained nurse."—Detroit Free Press.

A medical certificate, recently given, read as follows: "To Whom it May Concern: This is to certify that I, the undersigned, this day visited Mr. ———, and find him suffering from the following complaints: chronic articular rheumatism, hemorrhoids, fistula in ano, chronic gingivitis, chronic otitis media, cystitis, angina pectoris, arteriosclerosis, frontal sinusitis, atrophic rhinitis, myalgia. I believe he will be ill and confined to bed or should be for two weeks when he will not be well but may be able to work." This certificate, signed by a physician, would seem to give some ground for the fear that the man might be in danger of feeling somewhat indisposed.

"I am going to blow out my brains!" said he.

"Well," she said, after a moment's reflection, "perhaps they'll stand a little inflation, Horace. They've always struck me as being a trifle wobbly."—Harper's Weekly.

They were on their wedding tour and imagined that every civility given them related to their new condition of servitude, says the Telegrapher.

Having stopped off at a way station, the bridegroom was approached by the station agent, who asked:

"Are you going to take the next train?"

"It's none of your business," retorted the bridegroom, indignantly, as he guided the bride up the platform, where they condoled with each other over the impertinence of some of the natives.

Onward came the train, its vapor curling from afar. It was the last to their destination that day—an express. Nearer and nearer it came at full speed—then in a moment it whizzed past and was gone.

"Why in thunder didn't that train stop?" yelled the bridegroom.

"'Cos you said 'twarn't none of my bizness. I had to signal if that train's to stop."

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THE IMPORTANCE OF THE CARE OF THE EYE, EAR, NOSE AND THROAT IN SCHOOL CHILDREN.*

By Joseph Tomlinson, M. D.,
Bridgeton, N. J.

When asked by the chairman of the Scientific Committee to read a paper at this symposium on the subject of the importance of the care of the eye, ear, nose and throat in school children, I accepted rather reluctantly, from the fact that I make no pretense at specialization in the diseases of these organs. Nevertheless, it is a subject which is constantly brought to the notice of every practitioner of medicine and one of such importance that no physician should shrink from its discussion. To attempt a technical treatment of this subject would be presumptious on my part. This I will leave to my more able confreres who have kindly consented to lead the discussion and to those among you who have made it a special study. None of our profession more fully realizes the importance of this subject than those of us who began the practice of medicine before Crede's method had saved thousands of infants from the ravages of gonorrhœal ophthalmia and a life of blindness, before the pathology and treatment of adenoids was understood, and before the elaboration of the mastoid operation had made it possible to combat more successfully infections of the middle ear.

I shall make no apology for a cursory review of the remote effects of eye strain and of pathological conditions of the nose, throat and ears, from the fact that only recently and in no less a city than Philadelphia, have the medical inspectors of the schools of that city been publicly criticized, by prominent citizens, for the efforts to relieve pupils suffering with diseases of these organs. These critics assert that in making such efforts the inspectors are exceeding their authority and that their duties relate merely to matters of sanitation and general hygiene.

The important role played by conditions of the eye and the naso-pharynx, in producing not only local but also remote symptoms, has long been recognized. The general profession has been rather slow, however, to accept the teaching of the specialists who were leaders in this line of thought and the general public is still far too reluctant to accept the advice given time and time again by physicians in regard to the eye, nose and throat conditions of school children. Eye strain was recognized as a potent factor in the causation of remote as well as local symptoms more than two centuries ago.

Antoine Maitre-Jan in 1707, Waller in 1832, Sichel in 1837, Piorry in 1850, all described symptoms and groups of symptoms which, though not local, they ascribed to eye conditions. It was not, however, until the discovery of the ophthalmoscope by Helmholtz and the elucidation of the role played by the ocular muscles by Von Graefe and the discovery of hypermetropia by Dodners that the subject of eye strain began to be fully understood and rationally treated. Headache, migraine, neuralgia, neurasthenia of various types, chorea, epilepsy and even insanity are the most important of the possible results of eye strain. Adenoids, enlarged tonsils, and various other conditions of the naso-pharynx which inhibit nasal respiration produce a train of phenomena no less distinctive. Mastication is incomplete because of the constant endea-

*Read at the 146th annual meeting of the Medical Society of New Jersey, Spring Lake, June 12, 1912.

vor to free the mouth, which is now both a food and air passage. There is consequently impaired digestion, mal-assimilation and mal-nutrition. There is shortness of breath in speaking, perhaps stuttering and dyspnœa on exertion resembling a cardiac dyspnœa. There is impaired hearing and sense of smell. There is the stupid physiognomy and deformity of the upper jaw, disturbance of the growth of the nose, flattening of the thorax and deviation of the spinal column.

In addition to these physical symptoms there exists a characteristic dulness of the mental faculties. The care of the eye, ear, nose and throat assumes a special importance in school children for many reasons:

First, because diseases and defects of these organs render the child less capable of performing the task imposesd. Many a child is censured for reading badly because he cannot see; for inattention because he cannot hear; for poor enunciation because of a nose full of adenoids and a throat full of tonsils; for mental apathy because of impoverished blood, and a poorly nourished brain from faulty breathing.

Second, because if diseased conditions of these organas are not remedied during school life they will have done in many instances irreparable damage.

Third, because the very environment of school life is an etiological factor in diseases of the eye and naso-pharynx.

Fortunately the provisions of the New Jersey law in regard to the heating, lighting and ventilation of school buildings has, in a great measure, eliminated this factor. Nevertheless, constant use of the eyes, even under the best conditions, tends to create functional disturbance, and variations in temperature and humidity cause laryngeal irritation and inflammation. The best method of lighting, heating and ventilating school buildings is still a problem far from a satisfactory solution and has a most important bearing upon the subject under consideration.

Fourth, because anomalies of the eye, ear, nose and throat have a disctinct standing as stigmata of degeneracy.

It is necessary at present, under the New Jersey law, to recognize and provide for the defective scholar. Much of the responsibility in this matter rests upon the physician. It behooves him, therefore, to be alert and ready to interpret significant symptoms.

Deviations of the nose to one side or the other, strabismus, congenital cataract, pigmentary retinitis, micropthalmos, abnormally implanted ears, excessively large ears, ears which are too small, asymmetry of the ears and various other peculiarities of the special organs under consideration are to be carefully noted. Taken alone, any one of these pathological conditions may possess little significance, but in connection with other stigmata they may be of great value.

The fifth and final reason I shall give for the special importance of the care of the eye, ear, nose and throat in school children is that the conditions and environment of school life afford an opportunity for a systematic investigation of these conditions and should furnish an opportunity for their rational treatment.

Compulsory attendance at school within certain ages makes it possible for the medical inspectors to examine, and examine repeatedly, over a period of several years, practically all of the children of a given locality. But in spite of such favorable opportunities, school inspection has, in many localities, been very disappointing in its results.

The most unsatisfactory results seem to have been in rural districts. I have talked with several physicians who have examined the school children of several townships since the law relating to medical inspection went into effect, and they tell me that their recommendations as to eye, ear and throat defects amount to almost nothing. On the other hand, I have personally seen many cases of eye trouble and a less number of ear and throat cases which have been totally overlooked by the medical inspector. In making this statement I make no reflection upon the medical inspector but merely wish to call attention to the adverse conditions under which he necessarily works.

I am sure that my friends, the oculists, will bear me out in the statement that the ordinary tests for vision, as made by the school physician, are very incomplete and unmask only a small percentage of abnormal eye conditions, and that to do this in any complete and satisfactory manner requires the use of a mydriatic. I am equally sure that my friends, the aurists, will admit that absolute tests of hearing in young children are very difficult and require much time and patience on the part of the examining physician. The very great difference in the percentage of cases of defective hearing as found by different examiners is somewhat significant of difficulties and inaccuracies in the test.

The difficulty of carrying into effect the recommendations of the medical examiner

has, of course, been partly eliminated in the larger towns and cities by the employment of the visiting nurse, who follows up the cases and who, by judicious advice and insistence, supplements the work and advice of the school physician. This in most cases, however, cannot be done at present. For the physician to assume an authoritative attitude in these cases, whether the treatment be operative or otherwise, incurs the censure and criticism of a large class of the public. This class is composed partly of well-meaning but ignorant citizens, and partly of representatives of popular fanatic excitement as represented by the "National League of Medical Freedom." To use their own language, they accuse the medical profession of "enacting unjust, oppressive, paternal and un-American laws ostensibly related to the subject of health."

The question of so-called paternalism is a very important one in this connection. It is a question which should be fully and definitely determined by the medical profession. It is a very broad question and involves not only the care of the individual but also the welfare of the public. It involves the legal rights of the individual and the right of the public to be protected against the individual.

It involves the question of compulsory vaccination, of the unsexing of degenerates, of a clean bill of health for marriage and the question of how much authority should be delegated to the school physician in dealing with defective conditions of the eye, nose, throat and ear, in school children.

The untoward results arising from diseased conditions of these organs are more far-reaching than from many an epidemic of smallpox, measles or scarlet fever. Is it paternalism to save a child from such results? Ought not the medical profession to be vested with greater authority in the matter of medical inspection of schools, in order to do full justice to the child, to the community and to themselves?

DISCUSSION.

DR. WALTER B. JOHNSON, Paterson: When I was asked to open the discussion on this paper, I said: "I have been over this matter a long while ago." I believe that I have been a prognosticator, and know that I will be a sort of a reminiscer. It was twenty-five or thirty years ago since I began to consider the subject as a member of the committee with Dr. Kipp. After Dr. Kipp got tired of it, I wrote a number of papers, which were presented to this society. In them I made a lot of recommendations to the society, the Legislature and the Board of Education. The recommendations were very similar to those that you are making as entirely new.

I will just cull from some of these previous articles. For instance, here it says: "Your committee have not until recently communicated with the State Board of Education" (this is a Committee on Medical Inspection of Schools appointed in 1898) "pursuant to the resolution of the society at its last meeting, as it was considered undesirable to in any way hamper the various educational boards prior to the appointment of inspectors. A communication addressed to the chairman of the State Board of Education was sent, also copies of the Transactions of the Medical Society of New Jersey for the years 1899-1900. Your committee recommended that a circular of information be prepared under the direction of the State Board of Education, for distribution to the local educational boards, which should definitely set forth the law and define the duties of medical inspectors of schools, in order that a uniform method of the administration of the law may be adopted in every community in which inspectors are or may be appointed." Now that is what this society recommended through its committee to the Board of Education ten or twelve years ago; and there was a recommendation adopted by the State Board of Education, and leaflets were sent out; but these leaflets did not succeed in making inspection of the schools in this State uniform. You have to keep at it. It is not done in a uniform manner. We expected that they would not only send a circular letter of information, but would define a method by which statistical data and records should be kept. They had then a card, which had been suggested by Dr. Henry Mitchell; but that has been changed.

What we lack is uniformity of action. What we want is to have the medical inspectors of each municipality or community carry on their work, in exactly the same manner, and we want them to reach out and do better work, and not to shift the work to the shoulders of visiting or other classes of nurses. That is a mistake. The inspection of a child as to its physical condition is the business of a doctor; it is not the business of a nurse, and the corner-stone principle of nursing is that the nurse shall carry out the orders of the doctor. The minute you set her out to take the initiative, that minute you are getting on the wrong tack.

I do not make these remarks with any feeling of disrespect for the profession of the trained nurse. I have the very highest regard for it. The nurse has her functions and duties; but they do not include the practice of medicine. We do not want nurses to treat any case of disease, no matter how easy it seems to be; because the question of how severe a disease is is a matter of judgment, and that judgment should be that of one qualified to give it.

Dr. Johnson, continuing, said: I really feel, under the circumstances, that I should retire, although I had really only just got started to discuss the paper of our friend, Dr. Tomlinson. I was led away by the gentlemen who wanted to do new things. The first thing is to get the old things well done and to find out that all the parts of the machine are right, before you begin to operate it. The whole subject under consideration should be studied and carried through to a finish, so as to devise some method by which the work should be operated. That has not been done by the Board of Education, although it made strenuous efforts to carry it out. I think that the suggestion that a traveling

State inspector be appointed, made by Dr. Ayers, to go from school to school and examine the inspectors and their methods of work, so as to find out that they are attending to their work in a correct and uniform manner and are qualified to attend to it, is a good one. We do not want people appointed who are not qualified. It is not necessary that the man who happens to be high in the public eye at the minute should be selected. There are young men who are just as good or better. They have enthusiasm and ambition, and are anxious to do the work. The question of salary appears immaterial, but it is not. It is very material. It is important that the public should be educated to the fact that the time has arrived when the physician is worthy of his hire.

Now I understood Dr. Ayers to say that bids were offered for the job of school inspector. One physician bid one hundred dollars; one, one hundred and twenty-five dollars, and one, one hundred and fifty dollars. If the hundred-dollar man got it, that does not prove that he is not as well qualified as the others; but it does prove that his sense of the dignity of the profession is fifty dollars lower than that of the one who bid one hundred and fifty dollars. The salary should be fixed by law for all first-class cities, boroughs and county schools. What we need is to elevate the public's opinion of the profession; and we cannot do it by doing for nothing work that should be paid for nor by underbidding our professional brothers for public positions. The municipalities of this State are not neglected in regard to their poor. There is not one of us who is not willing to work, any day and any amount of time a day, for the medical care and attention to the people who need and deserve our care. The public school children only in small number need our gratuitous care; and, as far as the question of opening a clinic in the schools is concerned, I think that it is ridiculous. As for the question of persons engaged as school inspectors, or the chief of them, being engaged in the treatment of students in the schools in which they are examiners, I think that a medical inspector is at once a derelict in the performance of his duty when he takes for medical treatment the case of a child in the school, unless he is the family physician of that family before he became a school inspector. I make that one exception. The thing to safeguard is that there shall be an inspector, who is not a treater of disease for the children he is officially engaged to examine.

Now, gentlemen, in order not to take any more time, I wiil close with one suggestion. I am very glad to hear that the law has finally been passed for the segregation of the derelicts and defectives; and I will quote again from another of my articles, published some years ago: "Scientific advances will before long necessitate the assignment of scholars who have ocular or physical defects to a privileged class, where by a system of selective studies they may acquire a knowledge commensurate with their educational qualifications, and be given only the amount of school work which they have ocular and physical ability to perform. Pupils with defective vision, or those who are physically weak, should not be advanced to their own detriment and to the detriment of the physically strong, nor allowed to undertake the entire school curriculum as now laid down for all students alike, regardless of any consideration of their innate strength being sufficient to withstand the strain, or the possible result of a constant overtaxation of the physical and mental forces.

"The plan of school work must be so arranged that an ordinary individual possessing average intelligence should be able, by the employment of due diligence, to perform the required amount of study without ocular or physical injury. Teaching should be didactic in character, with the aid of blackboards, maps, etc., to encourage frequent rest for the ocular muscles by the employment of the eye in distant vision. School study-periods should be arranged, and the amount of home work curtailed as much as a reasonable educational progress will permit. The fact that work at the near point at home, where the conditions are frequently quite as unsatisfactory as in any school, must not be lost sight of in arranging the course of study and allotting the time to be required for work outside of school hours." It is of vital importance that attention shall be given to every detail in school life work which can result in preventing the moral, mental or physical degeneration of the children of the country. They, in the near future, must carry on the work which has already reached and is constantly attaining a higher state of perfection. Unless the present generation is to nurture a race of mental giants, who will be physically degenrate pigmies, steps must be taken at once to adopt every measure which is scientifically proven to be of advantage in preventing the onset of diseased conditions of any character in the children of our public schools.

DR. NORTON L. WILSON, Elizabeth: I wish to say a word regarding a subject that Dr. Johnson has mentioned. He said that the nurse has no business in caring for these children. My experience is that the nurse is about as capable of examining the children's eyes and throats as is the ordinary doctor. In my clinic, I see hundreds of cases sent there to have their tonsils removed. When I say to my associates, "What are you going to do?" they reply, "Remove the tonsils." I ask, "What for?" and they say, "Because the patient was sent here to have them removed; and if we do not remove them, the patient will be sent back to us." Now there is a definite reason for performing this operation; and the tonsils should not be removed unless this definite reason makes it necessary to do. The mere fact that they are enlarged does not show that they should be removed. The nurse is as capable of saying that the child should consult a physician as is the doctor, and I consider her a very valuable assistant.

DR LINN EMERSON, Orange: I should like to corroborate what Dr. Wilson has said. We have as good inspection in Orange as anywhere in the country. It is done by a woman physician; and she is giving more than half of her time to this work and is earning thirty-five hundred dollars, but not getting more than one thousand. She has nurses under her supervision. The crux of this whole matter is the question of money. There is no medical inspector in the country getting one-quarter of what he should get. The average individual cannot see a dollar, unless it is coming his way. It is like the man who does not advertise. He does not see any material returns from it, and does not think that it does any good. The general public do not see the

advances of medical school inspection. They do not realize that the few hundred dollars given for this purpose is saving them thousands of dollars. We must foster education in the community, so that they may understand that they get their money's worth ten times over. There is a feeling, I am sorry to say, among the general public, that this medical inspection is "all damn nonsense, and don't amount to anything at all." This belief is fostered by what Dr. Johnson has mentioned, the treating of cases by the medical inspector. He should not be a treater of disease. When he begins to pinch the cases and treat them, the public has reason to suspect that he has an ulterior motive, and is recommending procedures that are not necessary. I feel, too, that the time will come when boards of education will employ inspectors who will give their whole time to this work and become specialists in it, just as health officers now are. Then the medical profession cannot be accused of an ulterior motive. It is deplorable that a feeling of animosity has in some places grown up between the inspector and the general practitioner. There is no denying the fact that giving a man a medical degree does not make him an angel. We are all after the money, and we all need it. The temptation is for a man, if he is practising general medicine, to let the opinion go forth that this child should perhaps come to him for treatment. Some inspectors do openly seek patients in this way, and the remedy is for the inspector to do nothing but inspect.

DR. WELLS P. EAGLETON, Newark: I want to add a word to what Dr. Johnson has said of the value of the trained nurses. Having lived in Newark before we had medical inspection, and knowing what has been accomplished and how it is progressing in the physeical development of the city's school children, I wish to say that we had, years ago, just what Dr. Johnson said. There were two or three physicians appointed to make these examinations. They were not made, and they never will be, so long as you rely on the physician to do a lot of detail work that takes a great deal of time and is unworthy of the value of that time. The Board of Education of Newark appointed six, and the number of examinations was small. It was not until nurses were appointed that the work was properly attended to. These nurses, under the inspector, are finding out the details. The examination of the urine and of the eye and throat can be made as well by the nurse as by the physician. When the time comes that you pay the inspector for his whole time, the system will fail. The chief trouble has been the lack of co-operation of the medical profession at large. They seem not to realize the wonderful work that is going on. In our own society, in our council, there are constantly a body of men that have risen to criticize it; and when the question has been put up to them as to what the fault was, the answer has invariably been: "I lost a patient." So far as I know, there has not been a single instance in which the medical in spector has willingly and consciously attempted to abuse his position, any more than we do in our hospitals.

DR. E. S. SHERMAN, Newark: It seems to me that one very important part of medical inspection has been forgotten. In the first place, we are using a very bad term to describe this work. We should call it medical supervision. The inspecting is the smallest part of it. We have hundreds and thousands of inspections, but with it all, we get no cure. You will have no cures, I do not care how many physicians you have, until you employ the nurses and follow the patients to their homes. How many physicians working part of the time are going to follow the cases home? How many families would permit such interference on the part of the inspectors? What treatment has taken place has been given under permission obtained from the parents. Clinic patients would get free treatment anyway; but when they get it in school, they get it without loss of attendance.

DR. HENRY H DAVIS, Camden: Dr. Sherman has the right idea. I have been medical inspector of schools for a number of years. I can never be a success unless we have the co-operation of the general practitioners of medicine. They must assist us. To complete the success, it needs the nurse to follow up the advice given by the doctor. Without that, it will never be a success.

SOME DIFFERENCES IN THE SURGERY OF CHILDREN AND ADULTS.*

BY ELLIS W. HEDGES, M. D.,

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Everybody loves children. How gladly we recall our young days with their perfect freedom from care and responsibility, the irrepressible love of play, the boundless imagination, the joy in life which made each morning fragrant and the whole day a delight, the happiness which would not down. And the friends we made then, how we cling to them even now as we do to no others. How true the words of the poet as he sang—

"In praise of little children I will say
God first made man, then found a better way
For woman, but his third way was the best.
Of all created things, the loveliest
And most divine are children. Nothing here
Can be to us more gracious or more dear..
And though, when God saw all his works were good,
There was no rosy flower of babyhood,
'Twas said of children in a later day
That none could enter heaven save such as they."

It is no wonder that all the world is turn-

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ing its attention to children. The strength of the nation depends upon the conservation of the child, and child welfare exhibits, improved pedagogics, laws against child labor, innumerable congresses discussing the problems of childhood, all bear testimony to the universal interest in the young.

Among the many agencies that are working for the health and life of the rising generation surgery holds no mean place, and it will be my privilege to call attention very briefly and imperfectly to a few of the ways in which surgery is applied to children as distinct from the methods in vogue with adults.

Take to begin with, one of the commonest surgical affections, appendicitis. It is rare in infants, but very common about puberty. Perhaps from fifteen to seventeen years of age it is oftener met with than at any other period in life. It is not as easy to recognize in a child as in an adult. Children are more prone to ordinary stomach ache than are their seniors, and a history of vomiting and epigastric pain, even when accompanied by the story of having eaten something that might readily bring on a gastritis, should never lead us to neglect a careful abdominal examination. And we should especially beware against an offhand prescription of castor oil in these cases lest by increasing peristalsis we add fuel to the flame that may be smouldering about the appendix.

Again entero-colitis is much more apt to accompany or precede the disease in children than in adults and thus throw us off our guard, and sometimes, though rarely, tenderness, rigidity and pain in the region of McBurney's point are almost lacking even up to the time of rupture of an abscess.

For appendicitis is a much graver disease in children than in adults owing to the fact that the omentum, that watchful guardian of the peritoneum which enfolds in its kindly embrace every inflamed organ within its reach and shuts off from the general cavity the invading mono-organisms, bringing armies of body gaurds for the defense of the patient in its generous blood streams, this intelligent apron which saves so many adults by its beneficent activities, is not well developed in young children. It is thin and small and often cannot reach to the iliac fossa, and the protective lymph must make it walls of defence with the aid of the elusive and undependable small intestine so that there is much greater danger of rupture and general peritonitis.

These considerations should lead invariably to early operation in children and preclude the waiting and starvation plan which may often be safely used with adults. Again since appendicitis often leads to infection of the Fallopian tubes and sterility, that furnishes an additional reason for early operation in young girls.

In hernia we must bear in mind the tendency to spontaneous recovery in children which does not occur in adults. Manufacturers and inventors of trusses make the claim that the continued wearing of these instruments will cure hernia in adults but the contention seems illusory.

Ochsner is authority for the statement that of all hernias encountered in the adult less than 5 per cent. have existed since childhood, and also that of all children under six years of age suffering from hernia, 73 per cent. will lead spontaneously without any form of treatment before the age of 13, consequently the relative number of hernias in children requirng operative treatment must be very small.

Increased intra-abdominal pressure is the most frequent predisposing cause of hernia in children. Persistent coughing either produced by obstinate bronchitis or kept up by the irritation of tonsils and adenoids is a frequent cause of hernia, and relieving these conditions is the first step in any successful treatment.

The most frequent of all predisposing causes is gaseous distention from digestive disorders. These should be corrected by regulating the food—or in nursing babies by giving some artificial feeding or improving the mother's milk by rest and appropriate treatment and by paying strict attention to the time of feeding.

Constipation should be jealously guarded against and milk of magnesia or liquor albolene will be found efficient. Straining at urination due to phimosis is also a far from negligible factor in the production of hernia in boys and a circumcision is called for wherever this condition exists.

In connection with the correction of each of these causes of increased intra-obdominal pressure the most important thing to do is to place the child in bed for a period of six weeks and keep it there, with the foot of the bed elevated at an angle of 20 to 30 degrees. This pulls the hernial sac out of the canal and allows a shortening of the mesentery to take place which will prevent the intestine from again slipping into the sac. No truss need be worn in any of these cases unless the opening be abnormally

large or unless the child cries a great deal.

After five or six weeks in bed in this partialy inverted position and with the causative factors removed nearly every case will heal without further aid.

In umbilical hernia in young children no operation is needed—not even confinement to bed. Just gather the folds of skin together on either side of the hernia and hold them there with adhesive plaster for a few months, removing the dressing when needed and the cure is accomplished.

Of course in strangulated hernia operation is indicated if the mass cannot be readily reduced, for the thin intestinal walls do not bear rough handling, and in irreducible hernia one must use the knife, but even in these cases simply ligating the sac and stitching the skin surfaces together suffices to effect a cure. A Bassini may be called for if the opening is very large or the muscles much relaxed. In this case the stitches should be lightly tied to escape tissue necrosis and care should be exercised in handling the cord in males, lest sterility result.

Intussusception is much more common in children than in adults and most frequently of all is met with in nursing babies, owing to increased reflex irritability of the intestines in the young. Some doctors claim never to have seen a case in patients over 21 years of age. Personally I have had one case in a man of 45 who recovered after operation. Seventy per cent. of the cases in children are of the ileo-colic variety, while in older people only about forty per cent. are of this type.

Colic intussusception is more frequent in children, as invagination of small intestines occurs oftener in grown-ups.

Gangrene and discharge of the intussusceptum occurs in 40 per cent. of all cases, but not so frequently in children for the reason that in the young the vascular system adapts itself better to pressure and all the tissues are soft and yielding.

In infants the initial shock is severe and with a piercing cry convulsions may come on, in which the child may die immediately. In adults the attack comes on much more gradually. In children the tumor is easily outlined during the paroxysm of pain, at first under the right rectus and later is more apt to be felt in the rectum because of the great proportionate length of the mesentery and the mobility of the intestines. In adults it is more difficult to demonstrate the mass.

In operating on children greater care is necessary to avoid all trauma to the intestines and for that reason a large incision is necessary. It is always bad practice to make traction on the gut, especially the mesentery. In children this is almost invariably fatal from the consequent shock.

Fractures are more common in adults and especially in the aged than in children. Nature has seen to it that the bones in the young have largely a cartilaginous structure and that they are elastic, thus providing for the numerous falls that are sure to come. When old age creeps on, however, the bone becomes thinned by a diminution in the amount of bone tissue and a corresponding increase in the contained fatty and connective tissue. There is no increase in lime salts as is sometimes stated.

There is a greater tendency to fracture in the old because of progressive decrease in agility and strength of muscle with which to ward off or minimize an injury. The tendency to fracture is increased too in adults by pathological conditions such as diabetes, paralysis, locomotor ataxia, osteomalacia and pregnancy.

Union is quicker on the average by a week's time in children and the functional use of the limb is more quickly restored. On the other hand metabolism is so much less active in the middle aged and old that not only is union delayed but bedsores, stiffness and impaired functional use with permanent debility may follow.

Green stick fractures, of course, occur only in children, mostly under 15 years of age. Epiphyseal fracture rarely occurs save in the young, as complete epiphyseal union takes place at 22 in the female and 25 in the male.

In these cases the fracture follows the line of least resistance along the unossified cartilage between the epiphysis and disphysis. It is recognized by its location and by its muffled cartilaginous crepitus. It is apt to be followed by arrest of growth from irritation of its epiphyseal end causing its earlier ossification, and unless the bone has largely attained its full length there may be shortening and consequent deformity.

Inherited or early developed liability to fracture usually is shown before twelve years of age. Cases have been cited of as many as ten to thirty fractures in one child, which usually unite promptly.

Rachitic children are prone to fracture owing to the prolongation and exaggeration of the embryonal or developmental condition of the shaft, in consequence of which its

strength and the firmness of its union with the epiphysis is diminished.

Union takes place slowly, more so than in normal bone and sometimes fails entirely. The callous is usually large, but as it is composed of the same soft embryonal tissue whose excess is the pathological feature of the disease, it is lacking in firmness.

Tubercular glands of the neck are more common in children than in adults because in the former the naso-pharynx is so apt to be in an unhealthy condition.

In our climate inflamed tonsils and the presence of adenoids are very common in the young and as the entrance of the infecting micro-organism is generally from this source we have here the reason for the increased frequency in children. The upper group of the deep cervical glands is the one usually involved in children, while in adults both the upper and lower nodes are swollen. There is a much greater tendency to caseation and breaking down in children. Suppuration is rare in the grown.

Enlarged cervical glands in adults are almost invariably tubercular, while in children other micro-organisms, such as ordinary pus microbes, diphtheria bacilli, the micro-organisms of influenza and the pneumonia diplococcus are often the exciting agents.

A tuberculin test should always be applied, adenoids and diseased tonsils should always be removed and then if after a month or two of open air life and good hygiene the glands continue to increase in size they should be removed surgically without waiting for any evidence of softening.

There is a lively debate as to the advisability of removing tubercular glands in children and good men are ranged upon opposite sides of the question, as is true of most surgical procedures.

Taking away the protective forts along the highways to the lungs is decryed by some, but leaving these same forts in the possession of tuberculous enemies liable at any time to break out in a sortie with myriads of pus germs is a more dangerous alternative. Waiting for operation till softening occurs prevents primary union, increases the difficulty of thorough removal, leaves a worse scar and unnecessarily prolongs convalescence.

Time forbids the discussion of other interesting conditions such as empyema, tubercular peritonitis, gall bladder infections, hydrocele and others, and in closing this paper in which the welfare of the children has been before us I want to quote a few lines translated from the ancient Sanskrit:

"On parents' knees, a naked new-born child,
Weeping thou sat'st when all around thee smiled;
So live, that, sinking in thy last long sleep,
Thou then may'st smile while all around thee weep."

DISCUSSION.

DR. GORDON K. DICKINSON, Jersey City: The surgery of children, like the surgery of women, is surgery. I cannot speak from the standpoint of a child surgeon, but only from that of a general surgeon. I know of nothing more difficult than to make a diagnosis of acute appendicitis in childhood. For some time back I have been sorry that Fitz ever wrote his article on appendicitis. It was so well written and so to the point that since reading it we have been forgetting that we cannot have appendicitis without cecitis or cecocolitis. In women, we have a chain of conditions, running from the ovary to the gall-bladder and stomach, all of which are apt to be primarily appendicitis. If we make a diagnosis of appendicitis in these conditions the appendicitis is simply the surgical-technical end of a big lesion. If you have a case of cecocolitis in a woman or child, you must remember that the surgical portion of it may occur; and if you want to avoid appendicitis, you must reach the cecocolitis. That makes it difficult because it is so hard to diagnose colitis. I have seen cecolitis go on to appendicitis and death, the autopsy proving it to have been due to an inabilty to differentiate the region trouble from some complication. The great cause of cecocolitis is stuffing. We eat foods too high in proteids and we eat too much food. The cecum cannot retain it all. The refuse ferments, and we get cecocolitis. The appendix cannot drain, but the cecum can.

I am glad that Dr. Hedges spoke concerning operations for hernia in infancy, and that he brought up some statistics regarding this point, for statistics secure your attention. I have seen more than one male child become sterilized through an operation for hernia, which might have been avoided. I do not believe it wise for even a careful man to operate on hernia in infancy because of the danger of destruction of the organs of sex. As to the tonsils and adenoids, the more I see of tonsillar disease in childhood, the more do I feel that the tonsil is a very important organ to watch. I believe with Dr. Wilson that not every enlarged tonsil should come out; but this organ should be watched as carefully as the female breast or cervix, because patients with infected tonsils so often proceed to bacillemia and death. They absorb different germs, become severely ill, and health and life are jeopardized. The tonsil that does not functionate properly should be enucleated. A man at Johns Hopkins was recently talking against this procedure, but I think that there should be a commission in lunacy appointed to attend to his case. As to fractures of bone in children, their muscles being soft, we get good extension and excellent results. There is nothing that gives so happy a picture as fractures in childhood.

DR. W. H. LAWRENCE, JR., Summit: Dr. Hedges has given a very reasonable explanation for the greater severity of our cases of appendicitis in childhood by bringing out the anatomical picture of a much shorter omentum in proportion to childhood than in adult life. The importance of the early diagnosis of appendicitis in children is shown by the fact that it is not so rare in infants as has been indicated. I have seen several cases in children under six months of age. One was an acute attack of appendicitis, causing an intussusception; and we found that there had been a primary inflammation of the appendix, which had evidently led to the intussusception.

In regard to there being a certain type of the condition in childhood, I wish to say a word. Dr. Hedges says that the average number of cases come on between the ages of fifteen and seventeen. These cases all have a history that he referred to when he spoke of the danger of giving castor oil for stomach-ache. Many of these patients have had recurrent attacks of epigastric pain, with no diarrhea and no signs of putrefaction in the intestinal canal, and with or without vomiting. These attacks recur from time to time, particularly after severe exertion; and the pain is usually considered to be an ordinary stomach-ache. These patients ultimately have an attack of appendicitis; and after their appendix is removed, there are no longer these recurrent attacks of acute indigestion. The paper that Dr. Graham has written in regard to the types of appendicitis holds good for the disease in childhood. I do not believe that it is due to a disturbed condition in the large gut so frequently in childhood as in adult life. In the latter, we have a putrefactive condition of the colon, from which the appendix ultimately becomes involved, but in childhood appendicitis is usually due to mechanical interference with the appendix itself. Most of these cases are due to congenital malformation. In a few cases, it happens that I have been able to recognize chronic recurrent appendicitis with epigastric pain. In these cases, removal of the appendix has given relief from the attacks.

In regard to cases of fracture in childhood, Dr. Hedges has mentioned the fact that we get more prompt union of fractures in early childhood than later. One point that we should be careful of is this: although we have apparently early solid union of certain fractures of the shaft, the splints should not be removed too early; as we frequently see angulations form at the seat of fracture some weeks after the splints have been removed in children.

DR. SARAH H. MEAD, Newark: I should like to relate one case in which there was in early childhood disease of the appendix discovered at autopsy, sixteen years afterwards. The child had some swelling in the intestines; but sixteen years ago operations for appendicitis in childhood were not done. It was supposed then that childhood favored recovery from enteric fever and abscess. The child died of what appeared to be typhoid, and the case came to autopsy, when it was found that there had been a diseased condition of the appendix, which was probably the cause of an infection that simulated typhoid. There were extensive abscesses found at autopsy.

DR. F. D. GRAY, Jersey City: There is one statement in this very excellent paper that, taken at its face value, ought not to go unchallenged. That is that strangulated hernia in children should not be operated upon, unless they cannot be reduced. I feel that the same conditions and the same methods of treatment should apply, whether in children or in adults; and I believe that if there is one condition that is more deplorable than another at the present time, it is that of intestinal obstruction, which a strangulated hernia is. It is my intense feeling on this point that all cases of intestinal obstruction should receive prompt treatment. You heard the statement made yesterday afternoon that at Johns Hopkins the mortality from this ranges from forty to one hundred per cent. The mortality would not exceed ten to twenty per cent., if the condition were recognized early and promptly dealt with surgically. There comes in the question of diagnosis, in regard to which a note of warning should be sounded. We see a thoracic condition, particular in children, that will simulate appendicitis—appendicular pneumonia, or appendicular pleurisy. We should be on our guard, when children have symptoms of acute appendicitis, to be sure that they have not a pneumonia or a pleurisy. It is a good routine treatment to investigate the pulmonary condition in every case.

DR. JOHN C. MCCOY, Paterson: I agree with everything that Dr. Gray has said with reference to the pulmonic condition. I have seen a large number of cases of appendicitis in children, in which, by waiting, the diagnosis has been cleared up. I recall one case in particular, in which the child had had adenoids removed. It had severe coughing immediately afterwards, and was quite sick for a day or two. It became convalescent, and then acute abdominal symptoms came on, with everything indicative of appendicitis. The abdomen cleared up later, and the case eventuated in one of pulmonic abscess from the inhabation of foreign material. Nearly all cases of appendictis in children start from an inflammatory condition of the cecum. If you have the specimen examined toward the cecal end, you find the inflammation quite extensive in that area. In a series of eight hundred cases of appendicitis, I have never had occasion to operate on a child under six months of age.

ADMINISTRATION OF ANÆSTHETICS TO CHILDREN.*

BY GEORGE E. TUERS, M. D.,
PATERSON, N. J.

This paper you must remember is confined to the administration of anæsthetics to children, and to this my remarks and your discussion must be confined. At this time we have practically only two anæsthetics to consider—chloroform and ether. Nitrous oxide alone or in combination with oxygen is before us, and, although our experience is limited, the combination bids

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fair to come and stay as a very valuable adjunct to chloroform and ether.

Remembering the enthusiastic reception we gave ethyl chloride we are going to study nitrous oxide and oxygen more carefully and hope we can prove what has already been claimed—their superiority over them all.

Ethyl chloride, spinal and rectal anæsthesia have come and gone, they have no place in the surgery of children. Assuming this to be true, we are confronted by chloroform and ether, administering the less dangerous drug in the least dangerous way.

Three years ago I claimed chloroform to be the most pleasant by far and also the most dangerous. The quickest to anesthetize and the quickest to kill. To-day we can only emphasize this statement. The relative position has not changed, but the care and selection of cases and the method of administration makes chloroform less dangerous.

We may say the same of ether, the method of administration has made it more valuable and many objectionable features have been overcome.

The statement that children tolerate anæsthetics and particularly chloroform better than adults is misleading. They do no more than other drugs in proportion. You are always very anxious about children, the minimum of drug is used, the operations are invariably of short duration and the recovery rapid. The heart and lungs are usually normal, whereas in adults there are few that have not a lesion of some sort.

Chloroform is positively more depressent and wickedly rapid in action, giving little or no warning, and often we fail by all methods to resuscitate. However, it is indicated in lung, renal and brain surgery. In all other conditions ether is indicated and I believe that ether could be used exclusively and one's death rate would not increase.

This brings us to the subject of methods. The drop method is not new, but the method must be taught and used as such or it ceases to be the drop method and of such value; as we can prove. The inhaler is a very simple one, many are used and have names of advocates, but they are simply modifications of the original Esmarch.

The one recommended by Dr. Yaunkauer has to me proven the best adapted for all cases. It consists of a metal face piece or trough surmounted by wire gauze peculiarly fitting almost any face, from that of infant to adult; this is covered by about three layers of gauze, stockinet or lint, all of which permit sufficient admixture of air.

A small towel is used, folded at such an angle as to cover each eye and form a resting place for the face piece. One can breathe very comfortably without embarrassment when the piece is adjusted.

The hour of operation, so far as possible, should be early in the morning. The child is aroused, reassured and anæsthetized in bed or anæsthetizing room. While preparing this paper I endeavored to anæsthetize seven children while they slept; in four I failed. In the case of very young children under three years of age I think one could be very successful, beyond this age my trouble was due to the fact that I could not touch the child, the consequent rolling and tossing due to the strange odor caused him to awaken before being anæsthetized.

Gain the child's confidence, begin with about one drop to three respirations as the sensation of fear or anxiety advances, gradually increase and continue at the rate of one drop to two respirations until complete narcosis is accomplished. Then reduce to the border line. There is no definite proportion of anæsthetic and air; each case is one unto itself as to the proportion as well as to the quantity of drug.

A little patience will be rewarded, because the average child fears the preparation more than the drug. The day of pushing the drug has passed.

The most important point we have now is to keep our patient completely narcotized during the entire operation because it is the coming out that causes the nausea and the shock, in addition to annoying the operator and delaying the operation.

What is our guide? The pupillary reflex is the most consistent and accurate index we have and will warn us before the pulse and respiration begin to flag. Always have a slight pupillary reaction to light and your patient will be in little or no danger. The head to one side, all secretion will by gravity drain without difficulty.

The tongue may interfere with breathing; if so use a humane forceps consisting of a sharp needle pressed through the tip of the tongue, thus enabling you to draw it forward. Never use any instrument that clamps the tongue any more than you would on the lips, eyelids or ala of the nose.

Status lymphaticus or other trouble may occur, causing cessation of respiration or embarrassment of the heart.

Do not think of your hypodermic, whiskey and oxygen, but do three things: Tren-

lellenberg position, dilatation of the sphincter ani, and artificial respiration—about seventeen to the minute; having done this, you may now add oxygen and amyl nitrite; if there is no response to this procedure we have had our tragedy.

If pneumonia? Why ether pneumonia? Why not pneumonia due to the surgeon who brings his patient from his home to a hospital; with change of temperature and ventilation, change of night clothing and temperature of room, taken through a long hall, up or down the elevator into the operating-room, of eighty degrees or over, on the table, scrubbed and often left in cold wet sheets, operated, returned to his room from whence he came. Is this not what occurs in many cases? Is not this exposure and shock an invitation to pneumonia as well as the administration and irritation of the drug? If we have ether pneumonia, then we have a faulty preparation or a break in our technique—just as much as a break in surgical technique causes sepsis.

Careful inquiry of a number of surgeons brought out the fact that almost invariably their ether pneumonia occurred in hospitals.

Carefully administered ether or chloroform, by the drop method, has all the advantages of the warm and vapor methods and is accompanied with little or no nausea or vomiting.

A simple apparatus made by Lentz, as also the one of Dr. Pinneo, has been used to advantage. I have used the Lentz apparatus by simply placing tube under face piece as well as in the pharynx and through the nose. The end results, however, tallied with the drop method.

The preceding by nitrous oxide in many cases is a delightful method and should always be entertained, but if I be permitted to use the word routine may I say drop method on an open inhaler.

DISCUSSION.

DR. F. W. PINNEO, Newark: The subject of Dr. Tuers bristles with many interesting points that are fruitful for discussion. I shall allude to only two of them. First, I should like to emphasize the point made by him of the profound action of anesthetics in childhood. But, second, because a child does succumb readily to a narcotic, why should he be strangled with ether and refused an induction that is not fraught with memory of terror in after life? A child may be relieved in many surgical ways; and why should he be in terror of instruments and doctors and anesthesia, when it can be avoided? As to other drugs, children are very susceptible to narcotics, and anesthetics have a leading place alongside of them, with morphine. Even in giving codeine to a child, you are careful to adjust the dose to the age and indications.

The past year has been most fruitful in the realm of anesthesia. The report of the "Committee on Anesthesia" of the American Medical Association, presented just a week ago at Atlantic City, opens with the following statement: "Recent developments in this field afford ground for the hope that we are to-day at the beginning of an epoch of progress in anesthesia unequalled since its original discovery and introduction." Later on, the report says: "We are of the opinion that respiratory failure may be in certain cases the indirect result of an unskilful timidity, which, by prolonging the stage of excitement, induces acapnia; rather than the direct result of overboldness in the administration of ether at the moment of failure." "Essentially the same danger is involved in allowing the intensity to vary during an operation. It is not the anesthetist who at all times maintains uniformly deep anesthesia whose patient stops breathing. This accident comes particularly to those who administer so irregularly that the patient at times comes nearly out of anesthesia, and again is plunged into profound narcosis. In the production of a high fatality, the intervals of incomplete anesthesia play a part as great as, or even greater than, the period of profound narcosis which immediately precedes respiratory (or cardiac) failure. Anesthesia is good in proportion as it is uniform."

One of the activities of the past year has been the clinical observation of Crile on "anoci-associations"—the absence of painful associations before the operation. His observations were made in cases of goitre largely; but when operating on children, it is important to remember, these means of producing an absence of painful associations.

The first point in the paper of Dr. Tuers that I wish to emphasize is induction. This may be prompt and smooth, or prolonged and stormy. One is easy and safe; the other is distressing and dangerous. This is important in children, not only because the drugs used are potent for harm, or can be; but also because children are so susceptible to nervous influences that the method of the anesthetist determines whether induction be easy or difficult. I say this without qualification; and further, that no anesthetist need choke a frightened, struggling child with a sudden strong dose of ether.

Ether is one of the best means of anesthesia we have. Chloroform has been condemned by many, and in this Report of the Commission, it is condemned for routine selection; but, later, there is a paragraph that recognizes it has value under certain conditions and in certain cases. It emphasizes the need of nicety in selecting the anesthetic.

One of the recent advances has been the laboratory experiments of Henderson, showing the importance of "acapnia" (lack of carbon dioxide in the blood) as the best known stimulant to respiration; and how we have, with our methods, deprived the patients of this, many of the deaths being due to this fact. The loss of life is usually due to over excitation under induction, in which the rapid breathing has produced death by over oxygenation of the lungs. I will not stop to argue how it is that the system lacks CO_2, when there is plenty of O_2 in the system, and carbon to be oxidized.

The Committee recommend the open method; but in the use of this method we notice how prone every anesthetist is to add a little rebreathing by confining, in some way the mask. This explains why the half open method (Allis inhalex) is so valuable. Credit for rebreathing is due to Gatch, of Baltimore.

In regard to evenness in the administration of the anesthetic, which this Report emphasizes, its importance is well demonstrated by the fact that a subject who has been under chloroform cannot be again anesthetized within a few hours without great risk. The same danger is caused by allowing the depth of any anesthesia to vary during an operation. The intervals of incomplete anesthesia play as great a part as those of profound narcosis, and even greater.

To facilitate induction, the use of Essence of Orange, a few drops, on the mask before beginning, has a particularly good field in children. It is acceptable to them and, by a mental diversion, also by covering the odor of the ether, it produces a very happy effect in a calm induction. Since my attention was called to this by Dr. Gwathmey, I have used it with unabated satisfaction.

DR. SAMUEL A. COSGROVE, Jersey City: Your pleasure has, I am sure, been as great as my own in hearing Dr. Tuers' paper, nor can any of us fail to derive much profit from listening to one of his sound judgment and wide experience. The doctor has well presented to us the advantages of ether, and the drop method of its administration, in children, and has been justifiably brief in his consideration of other anæsthetics and methods, especially in view of his emphasis on the aspect of their use by practitioners who make no pretense of specialization in anæthesia.

The greater toxicity of chloroform as compared to ether is abundantly confirmed by experimental and clinical evidence. The sudden onset of symptoms of which Dr. Tuers has spoken has probably been observed by us all, and he is indeed fortunate who has not seen a few patients much closer to Kingdom Come than was comfortable, because of it. Such a crisis is especially dangerous in the hands of the inexperienced, as only by that prescience attained by experience can its symptoms be foreseen and forestalled. Whether this toxicity is greatly lessened by the plan of warming the vapor, or not, must remain for a wider use of this method to determine. In my own experience with it, I have never encountered, so far, any unpleasant reaction. Another most important phase of the action of chloroform is the delayed damage to various viscera which is becoming more and more recognized as an all too frequent sequel to its use. Nor must the possibility of such dangerous visceral changes in the fœtus, when much chloroform is administered during labor, be forgotten.

That the nitrous oxide-oxygen combination is not suitable to the needs of the general practitioner is proven by the insistence of the foremost exponents of its use that safety lies only in the wide experience and great skill of the administrator, and by the fact that most users of this combination have found it necessary to make more or less use of ether as an adjuvant. Ethyl chloride and related compounds, in spite of energetic exploitation, have been found altogether too dangerous for routine use.

As both Dr. Tuers and Dr. Pinneo have pointed out, all that has been said in the foregoing applies especially to the use of these agents in children, because of the relatively high susceptibility of children to toxic factors of whatever nature. In spite of what Dr. Tuers has said as to the necessity of inducing anæsthesia slowly, many children are found in whom the fear of the anæsthetic amounts to absolute terror. Deliberation in the induction under such circumstances is a cruel and needless prolongation of their suffering, and it is necessary to attain the stage of unconsciousness as rapidly as is consistent with safety.

In regard to methods of ether administration, each of the many in use has its special good points. Gwathmey's vapor apparatus, combined with some means for aspirating blood and mucus from the pharynx, is probably the most useful of all for operative work on the throat, and its advantages are well exemplified as used for the ablation of tonsils. The recently introduced method of intratracheal insufflation meets in a very satisfactory manner the requirements of intrathoracic surgery and presents many advantages for routine use, but is unsuited for use except in institutions and by special anæsthetists by reason of the cost and weight of the apparatus.

The alleged advantages of the so-called closed and semi-closed methods of ether administration seem to me to have no adequate physiological basis, and there are undoubtedly a number of valid objections to their use. And in this connection allow me to protest against the use of the common plea in favor of this or that method, that it "uses less ether than others," or that "the patient gets less ether than with others." We know that narcosis depends on fairly definite reaction between the narcotic agent and certain cells or cell substances within the patient's body. The indicator of the extent of the reaction are the signs of the degree of narcosis. A priori, therefore, in a given patient, a definite reaction as indicated by definite signs, must depend on the introduction into the circulation, or into contact with the susceptible cell-substances of a definite amount of the narcotic agent. In terms of a simple chemical analogy, if to a measured amount of a standard alkaline solution an indicator be added, and then enough of a standard acid solution be introduced to change the color of the indicator, the amount of the acid solution necessary to affect this change is a constant, whether it is carefully introduced, drop by drop, with a pipette or sprayed at the beaker with an atomizer. So, whether a narcotic agent be administered by a closed inhaler, by the open drop, or by one of the vapor methods, the amount actually absorbed must be a constant, and the relative amounts of the narcotic agent used out of the can has merely an economic, and no physiological, importance.

DR. PHILIP MARVEL, Atlantic City: I have just a word to add. First, taking up the question of post-operative anesthetic pneumonia, I think that it is established that there is no such thing as a traumatic pneumonia resulting from the irritation of the anesthetic. It is accepted that it is still a bacteremic disease, as much as pneumonia without the presence of an anesthetic.

One other point, which is involved in the title of the paper, I think: and that is the administration of the anesthetic. We are all glad to-

day to see that the tendency is to have some special person administer the anesthetic. In a great many hospitals, there are people especially trained for this particular purpose; and think that when one can be trained to look after the anesthesia and not study the technique of the operation at the same time, this is to be advised. Perhaps there have been more mistakes and serious results caused by drowning the patient by the carelessness of the anesthetist whose mind and attention were too much fixed on the technique of the operator to be attending properly to the patient, than from any other cause. To-day we are educating men and women to do the anesthetizing. The employment of women for this work is going to be one of the important advances—women who do not expect to be operators, and whose mind is not occupied by what the operator is doing. Therefore, they are concentrating their attention solely on what they are doing.

DR. F. D. GRAY, Jersey City: There is just one matter of detail that is new, I think, which I have not heard mentioned in the paper or by any one discussing it. It is a suggestion recently made by Dr. W. C. Woolsey, of Brooklyn, to combine with ether essence of orange. This suggestion was warmly endorsed by Dr. J. T. Gwathmey, of New York City. It is of especial use in the case of children; as it masks the odor of the ether, so that the children are breathing something agreeable, which is a great advantage. A second advantage is that it completely does away with the cyanosis that occurs particularly in the early stage of anesthesia, but may also throughout the operation. It is important to give it a trial in anesthetizing children.

DR. E. W. HEDGES, Plainfield: I am heartily in favor of the drop method. If I understood the reader of the paper correctly, it would take a long time to induce anesthesia by his plan. He gives one drop to every four respirations in the beginning, and one to every two respirations afterward. The child breathes twenty-four times a minute, so he would be getting but twelve drops a minute. I have never seen a patient got under ether with so small an amount. I should like to hear whether that is the exact number of drops Dr. Tuers gives a minute to get the patients under.

Incidentally, he spoke of the vomiting following etherization. Just empirically, we tried, as a matter of routine, the plan of givng an ounce of sweet oil after every etherization, before the patients entirely came out, and just as soon as they were able to swallow. It prevented vomiting in almost every instance.

DR. TUERS, closing: I mentioned the fact that we induce the anesthesia with one drop to every two or three respirations. We do this because in the beginning the patient's respirations are very rapid. Then, I said, as the stage of excitement increases, increase the anesthetic one drop to two respirations until you have complete narcosis; and then reduce the quantity.

Before performing esophagotomy for foreign body, make a final examination (radiographic or otherwise) to determine that the object has not slipped into the stomach.—Amer. Jour. Surg.

THE IMPORTANCE AND CARE OF SCHOOL CHILDREN'S TEETH.*

By J. E. DUFFIELD, D. D. S.,
CAMDEN, N. J.

The object of this paper is to bring before you in untechnical language some plain facts in reference to oral and dental hygiene, a subject which has, and is now, occupying the best thoughts and efforts of many of the most prominent men and women in this and other countries.

The ramification of the subject is of such scope that those who give the question more than superficial thought are profoundly impressed with the possibilities and importance of hygiene in general—and that pertaining to the oral cavity in particular.

From a humanitarian standpoint the question of hygiene in its various phases has long since become unassailable. At the present time various States and cities have organized societies, composed of the laity, and those engaged in the healing professions.

The State of Massachusetts has for some time been actively engaged in work of this character, and it will perhaps be worth while, at this time, to consider for a few minutes what they have accomplished, particularly in connection with the schools of the State. During the past year lectures, demonstrations and clinics have been given in Boston and suburban schools on school hygiene. In fact, recently a State conference on oral and dental hygiene, lasting the entire week, was held, being participated in by such men as Louis A. Frothingham, Lieutenant-Governor of the State; Seymour H. Stone, general secretary of the Boston Children's Friends Society, and other prominent persons engaged in educational and philanthropic work.

New York startled itself and the Nation by the revelation of its school physicians that over four hundred thousand (400,000) children now in the public schools are in need of medical, dental and surgical attention, or better nourishment.

The teachers' attitude toward school hygiene is reflected in the reply of one capable principal, who is sufficiently interested in the physical welfare of his pupils to have every window open, to insist strictly on personal cleanliness, and to make educational use of every emergency, such as fever, tra-

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choma, epidemics, or a bruised knee. This principal resents the law which forces teachers to do special pleading to teach as solemn truths that which they *know* to be only partially or occasionally true; to consume time on subjects to which they can devote neither their heart nor their educational efficiency.

Man, intellectually the highest of all animals, seems to be the one who persistently disregards Nature's laws, he being the only one who eats and drinks at the same time. Horses and dogs refuse to drink while eating their meal, even though water is placed near them.

The point I wish to make is this: that the three great essentials to health are, simple food, fresh air and exercise, and most important of all is the food and the time spent in chewing it before it is carried into the stomach. Many chronic cases of dyspepsia have been cured by the thorough mastication of foods. Included in this number is Mark Twain, who said that after six months' thorough chewing of food, he was relieved of indigestion of thirty years' standing. The great Gladstone was at one time asked to what he attributed his phenomenal health, to which he replied: "I have thirty-two teeth and give every mouthful of food thirty-two bites." He lived ninety years, and was seldom under the care of a physician.

The members of the dental profession wish it distinctly understood that oral and dental hygiene is a social movement in which all must assist. To us it would seem wise were the nurses in our training schools requested and instructed to teach the families they visit elementary dental hygiene.

We have but to realize that the mouth is the gateway to the stomach, from which all that goes to sustain life is prepared for assimilation, to understand how important it is for all persons to have sterile or clean mouths.

Therefore, if foods, either fluid or solid, are infected during the process of mastication, passing into the stomach and on through the alimentary tract, they must of necessity be absorbed in that condition, with the results that persons with infected and neglected mouths are not receiving the amount of nourishment required to maintain normal health; ultimately resulting in various diseases from innocent gastric troubles to those of a malignant character.

While this is equally true of all kinds and conditions of people, it is patent to all that if we are to build sound intellects and healthy bodies for the coming generation, that our work lies particularly with the young men and women of our communities; in other words, with the children of our public schools—which brings us directly to the subject, "The Importance and Care of School Children's Teeth."

Ninety-six per cent. of the school children have decayed teeth. The teeth, presenting as they do twenty-five square inches of surface, must be kept clear of all food deposits which lodge along the edge of the gums, and in the crevices on the grinding surfaces of the teeth, which are not intended alone for ornament, but for proper grinding of food.

It is not the quantity of food which one eats, but the method of preparing it with saliva in the mouth. Small quantities of food well masticated are much more nutritious than large quantities which are hastily swallowed. Thorough chewing of hard foods helps to preserve the teeth, acting as a mechanical cleanser and massaging the gums. There is an old saying, "That until mush was discovered dentists were not invented."

As diseased teeth are painful to chew with, foods are swallowed without proper mastication, and indigestion results. Decay of the teeth is due to bacteria. Those which act on the teeth are known as lactic acid bacteria, which dissolve the enamel and permit decay to reach the softer dentine of the tooth. Pus is often discharged in the mouth and swallowed for an indefinite period. Pus mixed with foods makes a child more susceptible to disease.

Teeth should be brushed at least twice a day—after breakfast and at bed time. It would be much more desirable to brush them after each meal; upper teeth should be brushed down, and the lower ones up, thereby preventing the recession of the gums and the cutting of grooves along the necks of the teeth.

Teeth can, to a large extent, be prevented from decaying by the proper brushing with a tooth brush, tooth powder and water. Wax silk, passed between the teeth, is also very beneficial, but care should be used not to injure the gums. The silk should be so used as to wipe the surfaces of the teeth which the brush does not reach, thereby thoroughly cleansing all the surfaces of each individual tooth. Mouth washes are largely valuable in inducing children, from their pleasant taste, to more often scrub their teeth than they otherwise would do.

All teeth should be examined by a dentist at least twice a year, and in special cases oftener. By systematic examination all serious dental troubles can be prevented.

In conclusion, a few extracts from a recent paper by Professor W. H. Potter, of Boston, relative to the systematic examination of the pupils of the Pierce School at Brookline, may interest you.

		Per cent.
Total pupils examined.....	705	
Mouths rated in good condition	131	18.44
Mouths rated in fair condition.	217	30.83
Mouths rated in poor condition.	357	50.73

The second school placed under examination was the Lincoln Grammar and Primary School. It contains nearly six hundred pupils, and many of them came from the poorer sections of the town. The methods of the examination were the same as those employed in the Pierce School, and results of the examination were as follows:

		Per cent.
Total pupils examined.....	579	
Mouths rated in good condition	32	5.5
Mouths rated in fair condition.	211	36.4
Mouths rated in poor condition.	336	58.1

DISCUSSION.

DR. WM. G. SCHAUFFLER, Lakewood: We are fortunate in having the co-operation, in the conservation work that we are trying to do, of all the men and women interested in this subject; and no more interest has been shown by any one than by our dental friends. In their action regarding medical inspection, they have done more than we ourselves. The free dental clinics have done much to help along the cause of conservation in children. Dr. Duffield has given the points that make the care of teeth necessary, and I merely want to emphasize two things: First, the pus forming from the decay of the teeth is the source of two-fold injury: first, from the decayed matter itself, which is being swallowed; and secondly, from the mixture of this pus with food materials, which detracts from their food value and injures the growth of the child. There is impending some national legislation, following investigations by the Board of Health and of Education; and there have recently been sent out suggestions to educational centers for the better care of the teeth of school children. When this matter is better understood, the dental and medical inspectors, working together, can do much good. Dental inspection is an absolute necessity. There has been some question of the advisability of having free medical clinics for school children, but there can be no question of the necessity of free dental clinics. This work has got to be done free by the municipality. It is being done at a place in Monmouth county, where a young dentist established himself and was encouraged to open a free dental clinic. He devoted four hours every morning to the work. He has reached the children, and this has stood him in good stead as a source of income among the adults. Here there cannot be raised the objection that the dentist will interfere with the work of others, as in the case of the medical inspectors, because there are no others there to do this work. That, of course, we cannot carry over to medical inspection. Medical inspectors are absolutely forbidden to care for the patients, but in the case of dental clinics, it can be worked in this way to great advantage. It is necessary for the health of the children that their mouths and teeth should be taken care of.

DR. ALEXANDER MARCY, JR., Riverton: The paper presented by Dr. Duffield is a most timely and important one, and we should be convinced by what he says of the great importance of Oral and Dental Hygiene. For too long a time but little care and attention has been paid to the proper care of the teeth of children, and as a consequence much evil has resulted. It is necessary if we would have the child do his best, both in or out of school to see to it that he is not handicapped by any removable physical defect, and particularly to see that he has a good set of teeth. Not every child needs the same attention, nor do we find every child suffering to the same extent from his teeth, but when Dr. Duffield tells us that 96 per cent. of school children have decayed teeth it can be seen at a glance how important a matter it is. Why is it that such a large proportion of children have decayed teeth? Surely it is not altogether due to neglect, but rather to some underlying nutritional cause which is fundamental and which we may or may not be able to prevent. It is certainly a patent fact that the teeth of children of our generation are not as good as were those of their ancestors, and in the evolution of time if this continue, a few more epochs, of a century each, will see a toothless race of men and women. Whether this is being brought about by design, or as a result of the character and kind of the food we eat it is not my purpose to take up, but I would like to have Dr. Duffield consider this phase of the subject and present his conclusions at the next meeting of this society.

Dr. Duffield says that the three great essentials to health are simple food, fresh air, and exercise. I would like to add a fourth which is rest. Volumes have been written on exercise, but very little on rest, yet one is just as essential as the other. In this day and generation we are going too fast, and it is the strenuous life that is killing, therefore I want particularly to emphasize this point. I think that it is generally overlooked that the growing child needs rest just as surely as does the mature individual, and in my judgment even more so. I believe that it is only when we correlate the proper amount of exercise with the proper amount of rest that we get the best results. This rest should be taken not only at night, but in the day time as well and in the recumbent posture whenever possible. Our complex civilization and strenuous mode of living makes this a very serious and important matter, and I would reiterate that rest is of as much importance as exercise and in order to get the best results they must be correlated. It certainly is an important factor in the production of a strong, healthy, virile race of men and women.

The idea of using the teeth for the purpose for which nature intended them is a fact that should be told over and over again, and it should be emphasized that it is not only for the good of the teeth themselves, but for the general well-being of the individual also. It is necessary for us to masticate our food thor-

oughly and our teeth are given us for this purpose. Fletcherizing may be a fad, and yet it contains such an important principle that it is well to encourage it. I am not at all sure that Gladstone's long life and great intellectual power was entirely due to the fact that he did chew every mouthful of food 32 times, but as a result of the habit I am sure he was a stronger and healthier man. A physician whom many of you knew lived to be 89 years old; he was asked one day what was the secret of his long life and great activity. He replied that he took ten grains of blue mass every two weeks, one tablespoonful of whiskey at 11 o'clock each day, and always voted the Democratic ticket. I can endorse everything, but the blue mass and the whiskey.

DR. R C. NEWTON, Montclair: I am sorry to see one of the most important papers of the morning received by such a small audience. There is no question as to the great value of proper care of the teeth. I am glad that Dr. Duffield wrote such a good paper, and that we have had such a good discussion of the points contained in it. We are told that the bad teeth are to blame for the fact that we take the most nourishing parts out of the flour. Whether that is true, I do not know. Another fact is that we do not make our little children chew, and that this is the cause of bad teeth. The mandible determines the shape of the upper teeth. If the lower jaw is used, the upper teeth are driven out first, and the upper jaw is spread. If the lower jaw is not used, this does not occur, and the children suffer from dental caries.

DR ALEXANDER MCALISTER, Camden: As Dr. Newton says, nothing is more important than the routine attention to the care of children's teeth. This is an important item in the treatment of children's diseases generally, particularly in cases of gastrointestinal trouble or faulty nutrition. Parents are often indifferent to children's teeth, unless there is actual toothache; and many mouths get into a terrible state, with little or no complaint on the part of the patients. Many constitutions suffer irreparble injury and lives, no doubt, are lost from chronic poisoning and its sequelæ. Hence, the importance of examination of children's teeth and mouths. Parents will often call attention to a little blemish or crookedness in a new front tooth, which usually calls for no treatment at all; but will not notice the badly carious molars, which are the most important things to look after. All teeth that are a source of sepsis should be removed at once. The care of the teeth is of great importance to the growing child's welfare. Many children stand at the foot of their classes as the result of neglected mouths. Bad teeth cause bolting of the food, with infection from many pathogenic bacteria, thereby causing indigestion and intestinal toxemia, which result in faulty metabolism and imperfect development of the child.

In conclusioo, I would say that within the last six months, I think, there has been a dental clinic inaugurated in Camden; and they are doing good work. If that were done in every city, we should get rid of a great deal of the cause of ill health, especially in children.

DR. DUFFIELD, closing: I should like to state, so far as the free dental clinics are concerned, that many municipalities in New Jersey have made appropriations for that purpose. There is no question but that the examination of school children's teeth and the work of the free dental clinic go hand in hand, and are going to accomplish, in the very near future, a great work.

ANTIBODIES.*

BY WILLIAM F. GUTHERSON, M. D.,
PATERSON, N. J.

In presenting this paper for your consideration this evening, it is my purpose to endeavor to condense and bring into some logical sequence a few facts which appear scattered through a rather extended literature of the times, and give what might serve as an explanation of many problems which are arising in practice, and a key to individual articles one might read from time to time, which assume, in many cases, a considerable familiarity with the subject of serology in general. And that is what very many in general practice do not have the time to acquire.

Probably no subject in the medical sciences is so fanciful and novel in theory, so almost weird in its manifestations, or so speculative as regards its future developments and possibilities. The subject is very broad, indeed: antitoxins, antiferments, agglutinins, percipitins, amboceptors, lysins, opsinins, etc., all coming under the head of antibodies; but we shall confine ourselves to the consideration of antitoxins, lysins and opsinins only.

Anything that provokes or institutes within the body the formation of an antibody is called an antigen. Prominent among the latter are the toxins of bacterial origin, the bacterial bodies themselves in the case of those organisms which do not produce extracellular toxins, and many substances of complex organic composition. We might say that we insist, in a measure, upon the complexity of their composition, because, as Ehrlich points out, simple chemical substances and even the alkaloids, although uniting with the body cells, do so in such a loose manner that no specific antibodies are formed. It is, therefore, agreed that for the production of antibodies there must be a direct union with the cell substance on the part of the toxin, or antigen, by virtue of which the former is acted upon by the latter; and, furthermore, this action

*Read at the meeting of the Passaic County Medical Society, May 14, 1912.

must continue for some little time. In other words, a specific antibody is not produced every time a chemical substance is introduced into an animal, there being no such thing, for instance, as an anti-alkaloid; but in the case of an antigen having the power of very closely uniting with the body cells and exerting a continued action thereupon —then and then only we have an antibody formed.

To borrow a purely chemical term, we must regard the toxin molecule as divalent, it having two groupings or arms of attachment. An haptophore group, by which it unites to the cell body of the animal invaded, and a toxophore group, which latter acts upon the cell through the medium of the haptophore group.

When a toxin is introduced into the body of a susceptible animal, the haptophore groups of that toxin immediately fasten onto the cells composing the organs of that animal, and by a ferment-like property of the toxin molecule, so alter them that they are destroyed. This is accomplished in this way: A certain time after union has been established between the cell of the body and the haptophore group, or end, of the toxin molecule[1], the toxophore group starts this ferment-like process which is communicated to it through the attachment referred to, and the cell, in pure self defense as it were, lets go of *its* particular arm of attachment, which is called a side-chain, and which is then said to have become dissociated from the biophoric molecule, as the life-carrying attribute of every cell is called. This is one little spark of vitality less for that particular body cell, and by repeated dissociations of its side-chains it eventually is destroyed[2]. This idea is not strictly in accord with Ehrlich's original side-chain theory. He made no distinction between the different elements of the cell, and regarded the toxin molecule as merely becoming fixed to it. His idea, we think, might serve if new toxin be constantly thrown into the circulation as the result of metabolic changes on the part of the bacteria, but this condition is manifestly impossible when only toxin is used, yet there is abundant evidence of its continued action. Therefore, some better explanation or modification must be offered, and the one which I shall use, which is to be found in the second edition of Adami, to which work I shall frequently refer, seems to better account for all the phenomena presenting themselves, and to be brought forward later. And in support of this explanation I might add that certain "known facts regarding the extraordinary minute, immeasurable quantities of toxin capable of causing death of relatively large animals leads us to believe that ferment action must play a part; namely, that the toxin molecule, having dissociated one side-chain, becomes liberated from this and free to dissociate another side-chain, until dissociating the biophore more rapidly than that can build itself up, it causes dissolution of the same, and cell death."[3] This theory, furthermore, seems to be borne out by the appearance of the brain cells in cases of tetanus where they show a degenerative process[2].

This, then, is what happens in the case of a virulent infection, but it need not necessarily follow, due to several causes: First, toxoid; second, latent activity of toxin; third, an adequate formation of antitoxin. The first two can be passed over rapidly. Under certain circumstances toxin can be so altered that its toxophore groups are not active, or may be completely destroyed; this altered toxin is called toxoid. Then the haptophore groups acting alone, although capable in some instances of stimulating the formation of antitoxin, seem to have very little if any power of destroying the cell; that is, of dissociating any more than one side-chain, from which the cell can very well recover.

Second, regarding latent activity. Morgenroth injected a series of frogs with tetanic toxin and kept them in cold water for varying lengths of time, during which periods they all remained perfectly healthy. As a feature of the experiment I might add that each frog received a dose of antitoxin during this interval. On warming these frogs, however, to a temperature higher than that of their normal environment they all developed symptoms of tetanus. This showed that the toxins even though uniting with the body cells by their haptophore groups (because had they not so united they would have been destroyed by the subsequent injection of antitoxin) may remain potentially active for weeks before the real infection begins. This experiment taken broadly is of practical value because it shows plainly that abnormal conditions of the body, in man we will say, so lowers vitality and cell metabolism, and side-chain production, if you will, that the toxin immediately gains the upper hand; its toxophore groups come into active play and the dissociation of side-chains gets into full swing with the usual results.

Thirdly, antitoxins themselves. It was

in 1890 when Behring observed the protection afforded by the introduction of serum of immunized animals, that antitoxin was really first discovered. Then began the long series of experiments which finally led to the attainment of the finished product as we know it to-day. Experiments conducted by many observers with a view to standardization, purifying, concentrating, the determination of dosage, etc. In other words, putting it upon a practical basis.

They found that antitoxins were substances behaving somewhat like colloids. They must be composed of very large molecules because they cannot be filtered through very fine filters; they were found to be susceptible to heat, being destroyed by a temperature ranging from 60 degrees to 70 degrees C.; also light and age rendered them inert. But when dried they were not so susceptible to heat and could be kept for long periods of time. Then when Ehrlich brought forward his side-chain theory to give an explanation for the various phenomena, and a working basis for new thought and experimentation, they began to find out things which had heretofore entirely escaped their notice.

Among other things they found that even in normal blood serum there is present an appreciable amount of antitoxin of the several different varieties[4], but it is only when toxin is introduced into the body that one or the other of these so-called potential antitoxins becomes active and developed in relatively large amounts—as is usual, out of all proportion to the amount of toxin injected. And this, I might add, was found to be the case in animals where the possibility of sub-infection could positively be excluded.

As regards the site at which antitoxin is developed, or, better still, elaborated, we shall have to turn back for a moment to the instigators of the process—the toxins. For example: when tetanus toxin is introduced into the blood it disappears from there in three or four minutes. That is if the animal be killed and bled his blood is free from toxin. But now if extracts of the various organs be made a certain amount of toxin can be recovered from each[5], but with the notable exception of the brain. And this is what has taken place: the toxin circulating with the blood was removed by it from all the organs; but having no especial liking for the liver, spleen, etc., was simply found entangled there and readily capable of being extracted. But being primarily a neurotoxic, when some of it came to the brain a firm union immediately took place, and no amount of extraction could remove it. Other experiments could be cited also, but from all of which it is agreed that it is the cells which anchor the several toxins which react and eventually develop the specific antitoxin.

When Ehrlich first enunciated his side-chain hypothesis he regarded the continued formation of antitoxin simply as an over production of side-chains, or receptors, which circulated as such in the blood plasma; and he based his reason for this upon Weigert's law of inertia. That is: A toxin molecule used up, by uniting with it, a side-chain or receptor, and because the cell was derived of this it immediately started up a wholesale manufacture of new ones of that variety, and kept on doing so long after the stimulus was removed. But it seems very unlikely that a single stimulus (and so he regarded it) should set up a process which continues, as we know, for so long a time (longer than is consistent with any application of Weigert's law) and leads to such happy results, the very importance of which would seem to demand a cause a little more noticeable than, according to our theory, is experienced by the cell even when it assimilates a particle of food.

However, it is now believed that it is the continued existence of the toxin for some little time within the cell, but not as part and parcel of the biophoric molecule, which leads to the development of the habit of side-chain, receptor or antitoxin formation, "and these developing in excess of the needs of the cell, become discharged into the circulating medium."[2]

The antitoxin thus formed is capable of acting in any one of three ways: (1) Combining directly with the free toxin in the blood and neutralizing it; or (2) gaining entrance into the cell body, where, by its presence, it stimulates the biophore to build up an excess of side-chains; or (3) neutralizing a toxin molecule while within the cell body should it become temporarily free after having dissociated a cell receptor.

Of course in the case of infection with the living germ we not only have this using over of existing toxin, but also a constant elaboration of new toxin from the germ itself; and it is with the combined poisons from both of these sources that the antitoxin has to contend, and overcome if recovery is to ensue. This is true only in the case of germs producing diffusible toxins, and forms one of the difficulties in estab-

lishing artificial immunity as a therapeutic measure.

The antitoxin unit is the amount which exactly neutralizes 100 times the quantity of toxin required to kill a guinea pig weighing 250 grams in the space of four days. When antitoxin is injected into the body the union with the toxin there present is eventually complete but does not immediately take place; the space of time being necessary no doubt to break up affinities already established between it and the cell receptors. Again this immunity lasts only a very limited time, because all the antitoxin, under these circumstances, disappears from the blood in three weeks, and the short stimulus to the cells from the presence of the toxin (being so soon helped out by the introduction of large quantities of ready-made antitoxin) is soon forgotten; and when next called upon to perform this function it seems to be almost a new process for the cell. So we can see that in the case of active or acquired immunity, when the cells have produced unaided enough and more antitoxin than was required for their immediate preservation, the habit thus formed can always be depended upon to act at the slightest provocation, even though years intervene, and inhibit that germ from making even the slightest progress toward invasion.

We have now seen what becomes of toxins. But, as we know, the germs producing diffusible toxins are very few in number compared with those which do not, and themselves act as the incitors of disease. The body must dispose of these germs as well; even as it takes care of those, the toxins from which it has already neutralized. The antibodies here are called lysins; and even in a disease like diphtheria they play just as important a role as antitoxin.

In the process of lysis two elemnts are necessary. The one is called the specific amboceptor, which is a different body in every lytic process, as was the antitoxin in the cases we have just considered; the other is called the complement. Complement is normally present in all sera, and although it can be removed by heat and the lytic process again established by adding an indifferent complement from another animal, still it is believed that more than one kind of complement exist. In an infection like typhoid fever, where the bacillus itself acts as the antigen, an appropriate amboceptor is gradually produced. This amboceptor has an especial affinity for the bacillus typhosis and unites with it very firmly. But now nothing would happen either in the body or the test tube were it not for the complement. This has an affinity for and unites to the amboceptor, and gives to the latter the stimulus necessary to start the process, so to speak, the entangled germ.

Now again some germs do not admit of being destroyed by lysis. How, then, can the body gain immunity to these—as, for example, the pneumococcus and the streptococcus? Long before the process was understood as regards its mode of operation, it was known that the white corpuscles of the blood took within their cytoplasm and digested certain bacteria. So far as I know the only germ with which this can take place with that simplicity is the bacillus of influenza. The others need some preparation in some way before the phagocytes (as the leucocytes are called under these circumstances) are capable of acting upon them. This preliminary work is accomplished by an element in the blood called an opsinin. These opsinins are developed in the body in response to the stimulus of infection much the same as antitoxins were formed. And the degree of bodily resistance to an infection of this order is directly proportionate to the quantity present in the circulation. The opsinin attaches itself to the germ to be destroyed and so alters it in some unknown way, that the phagocyte can enclose it within its cytoplasm and digest it.

These three kinds of antibodies form the principal guards of the gody against disease of bacterial origin; and their quick production in times of need, as the result of habit once firmly established, constitutes immunities which may exist side by side in considerable numbers in the same individual, to be severally called forth at any time for his protection.

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THE RELATION OF SCIENTIFIC ARTICIFIAL FEEDING TO THE REDUCTION OF INFANT MORTALITY.*

By JULIUS LEVY, M. D.,
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The history of medicine records many instances of valuable methods of treatment falling into disrepute because physicians

*Read at the Union County Medical Society meeting held at Elizabeth, July 10, 1912.

who did not understand the indications for the treatment, its technique, and its limitations, found it ineffective in conditions for which it was never intended. It is always important to realize what a method of treatment cannot accomplish as well as what it is supposed to do.

Scientific artificial feeding has limitations as well as possibilities in the solution of the infant mortality problem which can only be appreciated when we have a clear understanding of the fundamental causes of infant mortality, of the relation of malnutrition in infancy to the diseases and deaths of early life, of the relation of the nutrition of infancy to the health, vigor and resistance of later life.

Infant mortality, in the last analysis, will be found to be a social, economic and educational problem—a product of those conditions that devitalize the germ plasm through the great racial poisons, lead, alcohol, syphilis, and the toxines of fatigue, that after causing the birth of a premature, immature or poorly nourished infant, rob mother and infant of that care and comfort that are essential to the life of the infant and the well-being of the mother on whose nursing the infant depends; conditions that compel or permit women—the effect on posterity is the same—to work excessively before and during the pregnancy, and to return to the bench or the field all too soon after the confinement. That is why, on the very first day of life, in one three hundred and sixty-fifth part of the year, one-tenth of all the babies dying in the first year pass out of the world! That is why one-seventh die in the first two weeks and one-third in the first month!

An infant poorly nourished at birth, given insufficient or improper care at birth and, through ignorance or poverty of the mother, deprived of the breast soon after birth, passes out of this world long before scientific artificial feeding or milk depots can render assistance. It is the solemn duty of those physicians who have helped to develop scientific artificial feeding and know its value, also to recognize its limitations in the campaign against infant mortality, to proclaim more clearly and emphatically than they have the relation of these social and economic conditions to infant mortality and vitality, to make clear to this busy hustling world that every infant has a right to health at birth, proper care at birth, and the care and milk of its own mother after birth, and that anything that prevents this is an economic blunder and a social tragedy.

Elizabeth has the distinction of having an infant mortality rate that is among the highest in the country, exceeded by but a few cities in New Jersey, an infant mortality rate that is almost twice as great as that of the great city of London! In 1909 more than 20 per cent of all babies born died before they reached their first birthday. One-third of all these deaths were due to gastro-intestinal diseases, and something less than one-half occurred during the summer months. We are safe in saying that at least 90 per cent. of these babies were being artificially fed, improperly fed, and were receiving a milk not fit for infant consumption—unless, indeed, your general milk supply is totally different from that found in the rest of New Jersey.

While it is obvious that summer diarrhœa is the immediate cause of these deaths, I wish to emphasize the fact that summer diarrhœa is but the result of a long chain of maladjustments, of which contaminated milk is but one link. We are beginning to appreciate the facts that unnecessary artificial feeding, improper artificial feeding, too frequent and excessive feeding, ignorance of the care and hygiene of infancy, with resulting frequent though slight gastro-intestinal disturbances, poor nutrition and low resistance, are the real though distant causes of these deaths that are all too common during the summer. That is why scientific artificial feeding during the summer alone, the distribution of modified milk to the limited number that avail themselves of it for a limited time of the year, or even the distribution of modified milk for the entire year without the education of the mothers by doctors and nurses who speak the language of the neighborhood, will never accomplish much in the reduction of infant mortality. That is why in Newark, though a milk depot has been operated for more than a decade, the mortality from the diarrhœal diseases has been steadily increasing, as can be seen from the following figures:

Ratio of deaths under one year from the gastro-intestinal group of diseases to 1,000 births: 1902, 29.8; 1903, 30.0; 1904, 43.6; 1905, 43.4; 1906, 46.7; 1907, 43.1; 1908, 44.9; 1909, 34.4.

When every mother can and will obtain a milk that is fit for infant consumption, when ever mother will know as much about the care, growth and development of the baby and its food as some women know about the nurture of plants and the care of

puppies, then scientific artificial feeding will practically eliminate that part of the infant mortality that we charge to summer diarrhœas.

While scientific feeding can and has done much to prevent that third of the infant mortality directly due to gastro-intestinal disturbances, it is concerned no less with that third of the infant mortality due to contagious diseases, pneumonia, convulsions, etc. Experience confirms the theory that the properly fed and well nourished infant is much less likely to be affected by these diseases and that even if they are, the outcome is rarely fatal. Malnutrition not only plants the soil for disease but at the same time destroys all power of resistance. On the other hand, improper feeding, or the use of ordinary milk during the course of a serious illness may so complicate it as to be the real cause of the fatal issue; a diarhœa or severe tympanites during a pneumonia is more to be feared than a high temperature or an extension of the pulmonic process; a well-balanced, sustaining, yet non-irritating and easily absorbable diet more frequently determines the final outcome of a typhoid fever or protracted influenza than our medication.

Scientific artificial feeding is of great value in preventing sickness of some infants and saving the lives of others, and is, therefore, the concern of every physician; but it is no less the concern of every one interested in the health, vigor and moral stamina of the adult, adolescent or school child, for they are all dependent to a much greater degree than is generally realized on the nutrition of the first two years of life, the most important in the life of the individual and, indeed, of the race. During this time the brain undergoes practically its whole growth, increasing from 400 to 800 grams in weight, the body increases from 20 to 34 inches in length, the bones and muscles undergo the developmental changes that determine their power and quality for life. Rickets in infancy, impoverished blood, anemic heart and brain, make themselves felt in the morbidity and mortality of early life, but no less in the physical fitness, the lassitude, the spinal curvature and chorea of the school child, the predisposition to tuberculosis of the adolescent, the moral and mental failures of adult life.

The effect of scientific artificial feeding on infant mortality will be in inverse proportion to its complexity and in direct proportion to its general applicability. As long as scientific feeding is looked upon as a certain complex method of modifying milk to which an arbitrary and impressive array of formulæ and percentages are essential so long will it remain an interesting topic for cantankerous discussions, but quite beyond the average doctor or the average baby.

It becomes necessary for us to emphasize at this time that the feeding of infants and children is the daily duty of millions of mothers, that every mother can and ought to be taught how to modify milk and feed her children, that methods of feeding that are called scientific because they are complex and require a laboratory or a trained nurse for their application, can have no more effect on a problem that confronts every mother and baby, poor as well as rich, ignorant as well as educated, than the advice a well-known professor of medicine regularly gave to his poor, half-starved clinic patients to take a trip up the Nile River, could affect their health.

We are not academicians—we are pragmatists. That method of scientific artificial feeding that conforms to the requirements of the growing body, is generally applicable, is generally successful, is simplest, is the correct method of scientific feeding. That is why, with the assistance of nurses who speak the language of the mothers, I have been able to teach the home modification of milk to poor, ignorant, illiterate foreign-born mothers with a mortality that is lower than found in some milk depots.

I feel justified in saying then that scientific artificial feeding will occupy its rightful place in the reduction of infant mortality only when we recognize its limitations as well as its possibilities, that it must serve the many and not the few, that it must be characterized by simplicity and general applicability.

Correction.—The remarks attributed to Dr. E. S. Sherman, page 235, October Journal, were made by Dr. Holmes in closing discussion of his paper.

Clinical Reports.

Chronic Edema of the Fauces and Larynx.

H. Lack reports the case of a boy, aged twelve, in whom for nearly five years, the uvula had been as large as a finger. It was removed for microscopical examination, but merely showed round-celled infiltration. The stump of the uvula was thickened, the pillars of the fauces were edematous, the epiglottis was considerably swollen, and the arytenoids, especially the left one, were so edematous that they flapped about and looked like mucous polyps. Anti-syphilitic remedies had no effect, and the diagnosis has

remained in doubt.—Proceedings of the Royal Society of Medicine.

The Tonsils in Nephritis.

Dr. Eppinger, in Wein. med. Woch., expresses his belief that old tonsillar infections are more frequently the cause of acute nephritis than is generally recognized. In 3 cases of obstinate nephritis, following an angina, the tonsils, which appeared swollen and ragged but otherwise normal, were extirpated. Their interior was found full of tiny pus-collections. In all 3 cases, the signs of nephritis promptly ceased after the tonsillectomy.

Foreign Bodies Retained in the Nose for 14 Years—Grain of Germinating Corn.

Dr. H. J. Davis, in the Proceedings of the Royal Society of Medicine, reports the case of a girl, aged 19, who had been attending hospitals on and off for rhinorrhea ever since she was aged 5. Originally she was taken to the casualty department, as "she had pushed a piece of maize up her nose instead of giving it to the canary, as she had been told to." Attempts had been made to extract the foreign body without avail. Rhinorrhea and purulent discharge followed, and the nasal bridge sank in, almost occluding the left nostril. The exhibitor saw her a few months ago and mistook the case for a sinusitis. Shadows were equal, etc. After using drops of H_2O_2 she had violent sneezing, and in blowing her nose the foreign body exhibited was expelled. It was flattened from side to side and germinating. The girl was now quite well and had ceased to attend the hospital.

Retro-Pharyngeal Abscess.

Reorted by Dr. D. H. Trowbridge, at the same meeting as above last-mentioned case.

Case of retro-pharyngeal abscess. On January 10th I was called to Fowler in consultation with Dr. Morrison to see an infant four months old. This infant had been perfectly healthy until a few days previous, when he seemed to suffer from a severe cold. The real difficulty when I saw the case was that he had a labored breathing which was very peculiar, as he would take two or three full, free respirations, and then for a minute he would seem to have some obstruction of the larynx. On inspection, nothing abnormal was seen in the throat—no sign of tonsillitis, diphtheria or anything abnormal, unless the membrane of the pharynx might have been slightly redder than normal. A nurse was secured and the baby was put on expectant treatment. Again on the 15th inst. I saw the child with Dr. Morrison and Dr. Cowan, at which time no further progress was made in the diagnosis except that we found by holding the jaw upward and outward, as we often do in giving an anesthetic, that the child was able to breathe perfectly free. The inspection of the pharynx at this time showed nothing abnormal. The nurse was instructed to hold the chin forward and the child was put on sodium benzoate at the suggestion of Dr. Cowan. There was no improvement in the child and I saw him again on the 21st. At this time I noticed a slight bulging of the pharynx and on palpation with the finger a distinct bogginess was found. I then made a diagnosis of retro-pharyngeal abscess, and advised that the patient be brought to the Burnett Sanatorium the next morning. The patient was brought in the next day and assisted by Drs. Morrison and Cowan I opened the abscess. The patient was held with the head down and the body elevated at about forty-five degrees. There was at least an ounce of pus gushed out when the incision was made in the abscess. I made a free incision and the patient was relieved immediately and the breathing became perfectly normal. I had the baby put to bed, still with the body elevated, and instructed the nurse not to let the child nurse the breast for a few hours. However, the baby began to fret in about an hour, and the nurse, thinking that it would relieve it to let it nurse, allowed the mother to take it up to the breast. The baby immediately became cyanotic and died.

Death in this case must have been due to the fact that there was an accumulated clot in the pharynx and when the child was raised to an erect position the clot dropped into the larynx and immediately smothered the child.

The lesson to be learned from this case is that after evacuating the abscess, the patient should be kept with the head down and it should not be raised until after the physician has thoroughly cleaned out the pharynx by direct illumination and removed all clots or any accumulation that might be in the pharynx. In fact, I think it would be safer if the patient were not raised to an erect position for twenty-four or forty-eight hours, and then only after the pharynx was cleansed out, and furthermore, a tracheotomy outfit should be ready at hand, as the patient may be asphyxiated very quickly, and one will sit by helpless.

Acne Vulgaris.

Reported by Dr. H. M. Lyle, Kansas City, Mo., in a paper read before the Missouri State Medical Association, May, 1912:

Mr. H., medical student, aged 23. Came to this office with a marked case of acne. The lesions consisted of comedones papules and pustules. Three years duration. Face scarred considerably, also in thickened oily state. Had been treating face and had tried all common lotions, x-ray and internal remedies. Having heard of the vaccine treatment requested that we try it. I told him to get the acne bacterine and I would give injection for him. June 12, he brought vaccine and I injected 100,000,000 acne bacillus into left arm. June 15, he came to office complaining that his arm had been pretty sore for 12 hours; no change in condition of face. I injected another 100,000,000. June 16, condition of skin much improved and some decrease in thickening of skin and oiliness; comedones showed no inflammatory changes; injected 100,000,000. June 20, face markedly improved. Muddy, yellowish, thickening practically all gone with rosy tint of skin supervening. June 25, condition not so well; a few pustules. I only injected 3,000,000 at this time, and told him to go a week without any treatment whatever. June 30, face much improved and no new lesions present and those of recent date were in a drying state; 3,000,000 injected, July 30, patient's face much better and as he wanted to go to the country on vacation I discharged him. When he returned in the fall he told me he had

had but a slight recurrence once and at this date his face remains clear.

Asymmetrical Bilateral Herpes Zoster.

Dr. Charles A. Mobley, of Van Wyck, S. C., reports this case in the A. M. A. Journal, remarking of its rarity—occuring on both sides of the body at the same time, and at different body planes.

History.—The patient, a German-American woman, aged 66, gave a history of rheumatism and heart disease. I was called to see the patient on the morning of June 9, 1912. The previous day the patient had suffered with severe burning pains on the face and neck, and on awakening that morning had found a vesicular eruption in this region.

Examinations.—The typical vesicular eruption of herpes zoster was found following the course of the left facial and the posterior auricular nerves, with scattered patches on the side of the neck and in the hair. None passed the median line of the head. The contents of some of the lesions were puriform. The temperature was 100; pulse 90. A mitral regurgitant murmur was heard on auscultating the chest.

From twenty-four to thirty-six hours after the first eruption the patient experienced a burning sensation in the right side of the chest, and shortly afterward vesicles developed along the course of the intercostal nerve at the seventh interspace. The majority of the lesions of this second eruption on the right side were hemorrhagic. Temperature at this time was 102; pulse 110. The lesions on the left side of the face and neck were still present.

Amenorrhoea Due to Thyroid Insufficiency.

Reported by Dr. P. K. Olitsky, by permission of Drs. Vineberg and Bodenheimer, in the Medical Record:

Patient, Y. W., 24, appeared in the dispensary of the Har Moriah Hospital in November, 1911. Her family history is negative. She began to menstruate when 13, and menstruation has always been regular, of six days' duration, with a profuse loss of blood. She has been married five years. One year after marriage a child was born. One year later she aborted a three-months' fetus. She has not been living with her husband for the past year.

When the patient first presented herself to our notice she complained of frequent and "burning" urination. On examination urethral caruncles were found. These were excised, only to return in several weeks. In January she "missed" her period. Also in February and in March, 1912. Pelvic examination disclosed a normal uterus and adnexa. A complement fixation test was negative. Examinaton of the urine was negative. Urethral and cervical smears showed no gonococci. A blood count disclosed a slight anemia. Her blood pressure (systolic) was 108 mm. Hg.

At this time (March) she appeared as if she had added twenty-five pounds to her weight. She was large and clumsy; eyelids were puffy; eyes heavy; skin dry, and her mentality dulled somewhat. Her thyroid was not palpable; the other organs were normal. Thyroid extract was ordered. By mistake she took 30 grains per diem instead of 15 grains for three days without any untoward result. At the end of a week there was a slight menstrual show for a day; in another week corresponding to her menstrual period she had a scanty flow. The thyroid dose was diminished to 5 grains per diem and she has had several normal menses since. At the same time she has lost about ten pounds in weight and has felt much better as regards her headaches and backaches.

It is apparent that patients suffering from amenorrhea, which is evidently not due to organic disturbances, should be given the benefit of thyroid therapy.

Acute Paucreatitis.

Drs. W. Billington and B. G. Goodwin, in the "Lancet," September 14, allude to the rarity of recovery from acute hemorrhagic pancreatitis and report two cases recently under treatment in the Queen's Hospital, Birmingham. In each case both sacs of the peritoneum were drained, appendicostomy was performed, and through the opening in the appendix large quantities of saline solution were introduced into the large bowel. The amount of fluid absorbed was surprising and the effect was most gratifying, a practically uneventful recovery following the operation in each instance.

Sarcoma of Left Frontal Lobe Without Symptoms Until Shortly Before Death.

Reported by B. M. Randolph, M. D., Washington, D. C., at a meeting of the City Medical Society:

The patient, a woman of sixty-five, presented no abnormal symptoms except occasional digestive attacks, until May, 1911, when she suddenly developed mental confusion and apathy. Physical examination, both general and neurological, revealed nothing definite. Then mental defect consisted in difficulty of memory and concentration, inability to write intelligently and in her natural handwriting, and a complete apathy toward her environment. The diagnosis of destructive lesion of left third frontal convolution was made. Ten days after (preceding which time there was no marked change in her condition), the patient suddenly passed into a comatose state, accompanied by a transient right hemiplegia. After several hours she began to emerge from this condition, and was soon in much the same state as before the attack. There was from this time progressive decline, and two weeks from the time she was first seen she died, apparently of medullary paralysis. Autopsy of the brain disclosed a large tumor in the inner and lower side of the frontal lobe, a smaller tumor at the tip of the same lobe, adherent to the dura opposite the eye-brow, and acute softening of the third frontal convolution. Microscopic examination showed both tumors to be the same variety of sarcoma, and the softening to be due apparently to diffuse thrombosis and destruction of the blood vessels of that area.

Syphilitic Reinfection With the Wassermann Reaction Still Positive.

Dr. Gittings, in the British Medical Journal, April 20, 1912, reports an extraordinary case from the fact that it was apparently a syphilitic

reinfection when the Wassermann reaction incident to a previous infection was still positive. The patient contracted syphilis in 1909, and was treated for two years by inunction of mercurial cream. Thereafter his blood was examined by two laboratories, both reporting postive Wassermann, whereupon his doctor ordered his patient to have a further course of treatment. During this interval the patient directed the doctor's attention to an old scar which had recently come into prominence, exposure having occurred five weeks before. The patient was placed upon hydrarg. cum creta gr. iij ter die, but six weeks later the old scar broke down, exhibiting an appearance like primary chancre. The serum from this sore almost immediately revealed the spirochæta pallida.

Amputation of Thigh, Upper Third, for Gangrene, Aneurysm Arteries.

Dr. John H. Brauth reported this case at the April 22d meeting of the Medical Society of the County of New York:

He said that on January 5, 1911, when called into consultation to see the patient, he found the left leg and foot cold and the pulsation in the leg not discernible. There was a faint bluish coloration on the second and third toe. The pain was severe, radial pulse rapid and intermittent, and the temperature 101 degrees F. A diagnosis was made of occlusion of the vessels approaching gangrene. Frost bite was thought of and the patient admitted having played cards in a summer cottage where he chilled his feet and then immersed the foot in a vessel of hot water. The sudden change of temperature from below freezing to 120 degrees F. was too much and coagulation of the blood in the vessels followed. Had he rubbed his limbs with snow or cold water no injury would have resulted. Dr. Branth cited a case from the literature showing how in the Arctic region an Esquimau with a leg frozen until it was apparently lifeless was treated. He was placed in a snow house with the temperature 20 degrees below zero and the leg bathed in ice cold water for two hours, and then enveloped in furs for three or four hours; friction with snow and then with the feathered side of bird skin was used, alternated with wrapping the limb with furs for nearly twenty-four hours, together with gradually raising the temperature of the snow house. On the third day, he was walking and had only a small frost bite on his toes. As it was too late for such treatment Dr. Branth's patient was stimulated and given opiates sufficient to control pain and they awaited Nature's signal to make out the line between the living and dead tissue. This line was not precisely demonstrated. The entire foot became black, and also the tibial region and the peroneal side of the leg. The soft tissues near the tibia and fibula were liquefying. The proximity of the knee joint, which if inflamed would end in a fatal result, suggested amputation of the thigh. Femoral myelitis and aneurysm of the femoral and popliteal arteries were not suspected and on finding these conditions a second amputation several inches higher had to be made with the purpose of getting above the infected marrow. A coagulated blood cast of about five inches in length was removed from the femoral artery. The femoral aneurysm was the size of a hen's egg and contained a clot like brown putty, while the aneurysm of the popliteal artery was fusiform; each had a channel for the blood current. The amputated limb was black, withered in the foot, and the muscular tissue was putrid and of gelatinous consistency. After the operation the patient suffered from shock, which was met by the usual remedies and by the end of a week he was on full diet. He was operated upon on February 20 and on March 5, when the dressings were removed, the wound was dry, aseptic, and without even a stitch abscess. These results spoke well for the asepsis during the operation but were due also to the cooling of the saw by a stream of water so that the heat of friction could not injure the bone. The wound was flushed by a pitcher of hot water to remove bone dust and any loose particles before stitching the flaps together. At the first dressing two drainage tubes and one-half the stitches were removed and three days later the remaining stitches and drainage tubes were taken out. The stump could be moved without pain. In some instances there were painful spasms of the stump after this operation. The writer thought this was due to neuroma caused by a blood clot around the nerve's end; this blood clot organized into connective and scar tissue and by contractions caused pain and spasm. In this patient the small arteries of the nerve sheath were ligated about an inch above the cut end of the sciatic nerve.

Appendicitis: Then and Now.

Reported by John C. King, M. D., Banning, Cal., in the California State Medical Journal, August, 1912:

I report the following case merely as an illustration of the change that has occurred during the past thirty years in the attitude of the profession toward appendicitis. In the summer of 1880 I attended a case of what we then called peri-typhilitis. An abscess formed. The patient became very ill. I requested a consultation with a view to operation. The consultant, an able man of large experience, decided that operation was unjustifiable and advised ointment of iodide of potassium, well rubbed in. Forty-eight hours later, feeling that operation was imperative, I sent to Cincinnati for a well-known surgeon, professor of surgery in a college there. Upon examination he declared the man would die under any circumstances; that he would not risk his reputation by operating; that aspiration of the pus was the only thing good surgery demanded. (He kindly offered to send me an aspirator.) The patient was becoming septic; so, after another forty-eight hours, I insisted upon opening him. He gave consent. I asked a number of physicians to give ether, but, although several of them had anesthetized patients for me for other purposes, none would give ether in this instance, deeming it improper to attempt operation. I finally told the man to get another doctor; that I felt he would die unless the pus could be removed; that none of my friends would assist me in doing what I thought needful. He replied that I could go ahead without an anesthetic; that he could stand it if I could. The patient's brother had threatened to kill any one who would attempt to cut him; so, while his wife stood guard at the door, I cautiously opened the abscess. It is difficult to realize that what we now deem so simple and

necessary a procedure should then have been considered so absolutely wrong. The tension in the abscess was such that the pus spurted up not less than an inch when the knife reached it. I evacuated all I could and dressed the wound. Before my return the next day, one of my colleagues, a leading man, visited the patient unbidden, removed the dressings and examined the wound, notwithstanding the protest of the wife. He declared the man would die; that I had been guilty of malpractice; that he would be glad to be called upon as a witness in the prosecution that he knew must follow; that he had taken the liberty of examining the patient before death with that end in view. A year ago Dr. T. B. Wright, of Pasadena, brought to me a message from the patient, Col. M. V. B. L., of Circleville, Ohio, to the effect that he was still living. This story is amusing and almost incredible now, but thirty-two years ago it meant a real battle for a very young and fairly ignorant surgeon.

Foreign Material in the Stomach.

Report by Drs. A. H. Vandivert and H. P. Mills, of St. Joseph, Mo., in the A. M. A. Journal.

It is not very unusual that hysterical and insane patients swallow hard and indigestible articles, and occasionally this foreign material is found in the stomach at operation or autopsy. Buttons, coins, needles, pins, hairpins, nails, false teeth and even knives and forks have occasionally been swallowed; and at times may give rise to serious trouble by causing perforation or occlusion of the gastro-intestinal tract. * * * We report this case because of the large number and variety of articles present and their great combined weight, with resulting distention and displacement of the stomach. The patient was an inmate of State Hospital No. 2 on the service of the Dr. A. H. Vandivert. Both of us were present and conducted the necropsy.

History.—Sallie R., a mulatto, aged 33, was admitted July 24, 1903, with acute mania which terminated in dementia, following the use of cocain and morphin. At the time of admission, she was somewhat emaciated, indifferent to appearance, eating and sleeping well. Her physical condition improved soon and the clinical notes made by attendants from that time until her death were always, "appetite and digestion good." She was at first often combative, and because of this tendency was frequently under restraint. During all the time of her confinement she showed a considerable degree of mental enfeeblement, losing all interest in surroundings. Most of the time she was wholly unemployed. She remained in this condition, gradually becoming quiet, less resistive and more interested in things about her, assisting on the ward by sweeping, dusting and such light duties. She was frequently seen by the attendants to pick up from the floor and lawn small articles such as nails, pins, etc., but it was not known that she was in the habit of swallowing them. Her health began to fail and her symptoms first attracted attention about December 1, 1909. Examination at that time suggested kidney trouble, but analysis of the urine failed to confirm a diagnosis of interstitial nephritis, but further observation and subsequent examination did confirm the opinion that she had a nephritis. The extremities became edematous and she was much troubled with dyspnea; still digestion and assimilation continued good, with little loss of flesh or none at all. These conditions continued up to within fourteen days of her death. She never refused food until a week before her death, and then only on two or three occasions. Digestion was apparently normal. In fact, the remarkable stomach findings at autopsy were entirely unsuspected.

Necropsy.—Death occurred September 4, 1910, with autopsy twenty-four hours later. Rigor mortis was complete; the body was well nourished; edema extended to the hips. Opening of the abdomen revealed a peculiar condition of the stomach. There was a slight degree of ptosis of the upper margin; the greater curvature was elongated and rested in the left iliac fossa and presented a nodular, hardened mass which was soon found to be due to a collection of foreign bodies to be described later. The stomach wall was adherent to the muscles of the iliac fossa. Around the stomach and the anterior abdominal wall over a considerable area, forming a sling supporting it and adherent to it so intimately as to be separated with some difficulty, was the greater omentum. Many points of nails, needles and other sharp objects had penetrated the stomach walls, but leakage into the peritoneal cavity was prevented by the thickened and adherent omentum. Throughout this area of adhesion were found numerous small abscesses, resulting from the many perforations, but all were firmly walled in and the general peritoneum well protected from infection.

The stomach measured in transverse diameter 1 cm., in length 33 cm. The greatest diameter was from the cardiac orifice to the lower portion of the sacculated fundus along the greater curvature. This portion extended to beneath the crest of the ileum and was fixed immovably to the anterior abdominal wall. The mass of foreign material lay in this sacculated portion, leaving only a narrow channel along the lesser curvature for the passage of food. Evidently the stomach took little part in the process of digestion, the food being conveyed directly to the pylorus, and very slightly intermingled with the foreign contents.

The stomach wall at the fundus was 14 to 16 mm. in thickness, the subserous layer being 5 to 6 mm. or about one-third of the wall's thickness. A section removed from the thicker portion for microscopic examination showed a marked atrophy of the mucous membrane. The mucous gland tubules presented frequent cystic enlargements, probably from occlusion of orifice. Over numerous small areas there was almost complete erosion of the epithelium, with subjacent round-cell infiltration, indicating the formation of ulcers. Much fibrous tissue could be seen external to and infiltrating between the fibers of the muscularis mucosa. The muscular coat was about normal except that the layers were more than usually well defined by interposed bands of connective tissue. The greatest change was noted in the subserous coat. Here was a thick layer of a dense, fibrous structure, extending over the greater part of the fundus, representing Nature's effort to assist in supporting the great weight imposed on the stomach walls and to protect the peritoneum from injury.

Foreign Bodies.—The weight of the stomach contents removed at autopsy, after repeated washings to remove all food material, was 2,268 gm. One needle was found in the esophagus

and one in the lower border of the left lung. Below is a classified list of the articles removed:

Nails—20-penny, 5; 16-penny, 21; 10-penny, 24; 8-penny, 80; 5-penny, 113; 3-penny, 210, total, 453.

Screws—2½-in., 4; 1½-in., 11; 1¼-in., 5; 1-in., 9; ¾-in., 6; ½-in., 7; total, 42.

Bolts—⅜x1-in., 3; ⅜x1¾-in., 1; 5-16x2½-in., 1; ¼x2-in., 1; 5-16x2-in., 3; total, 9.

Miscellaneous—Teaspoon handles, 5; nale-file, 3½ in., 1; pieces of steel, 2¾ in., 3; thimbles, 5; salt-shaker tops, 3; taps for ⅜-in. bolts, 10; buttons, 63; safety-pins, 105; hairpins, 115; carpet-tacks, 52; common pins, 136; large white-headed pins, 2⅓-½, 16; needles, 37; broken coat-rack hooks, 2x¼ in., 7; string beads, small, 4 ft. long, 1; larger beads, loose, 70; small stones and pieces of glass, 85; prune seeds, 7; pieces of metal, combined weight 3 oz., 54; hooks and eyes, 19; grape and other small seeds, 148; total, 942. Making a combined total of 1,446.

This case is remarkable for the number and weight of the articles removed as well as for the size and peculiar forms of some of them, especially so when considered in connection with the fact that there had never been any symptoms suggesting trouble with the stomach.

Abstracts from Medical Journals.

Heart Wounds, Suturing of.

Dr. Eugene H. Pool, in Annals of Surgery, June, 1912, says:

After exposure of the heart, if any difficulty is encountered in locating the wound, the index and middle fingers of the left hand may be inserted posterior to the heart, the thumb being placed on its anterior surface, and it may then be lifted, turned, or drawn downward for inspection (Rehn, quoted by Sauerbruch). But if hemorrhage is excessive, the method suggested by Sauerbruch and Haecker may be advantageously used: the left hand is inserted so that the right auricle with its entering vessels lies between the third and fourth fingers, while the thumb and index-finger grasp the lower portion of the heart and luxate it upward; this, they say, serves to bend the vessels and control bleeding, while at the same time the heart wound is rendered accessible. Rehn suggests controlling hemorrhage by compressing the inferior and even the superior vena cava with the fingers of the left hand.

For suturing the heart, both chromicized catgut and silk have been used. Yet the interrupted silk suture well vaselined has much to commend it, in that it offers a finer material, which causes the minimum of trauma, is well tolerated, allows the knots to be tied more securely, and is not loosened by subsequent softening of the suture material at the knots.

After the controlling stitch has been placed, it should not be difficult in most cases to insert the remaining stitches. In our case this was done quite easily by having the assistant draw on the first stitch with one hand and control the bleeding by pressure with a finger of the other hand; for each subsequent stitch this finger was momentarily lifted. It was found impossible to differentiate between systole and diastole in trying the sutures, and case reports show this to be a common experience. The suture should not penetrate the heart wall, yet reports indicate that in thin-walled portions of the heart it is impossible to determine accurately the depth of a suture. Occasionally, as in cases reported by Neumann and E. Hesse, cardiorrhaphy is unsuccessful on account of friability of the heart muscle and persistent cutting through of the sutures. In such an event the latter recommends cardopericardoplasty.

For cessation of the heart action during operation, gentle massage is indicated. Injections of salt solution into the cavity of the left ventricle (Gutig) and camphor (Hesse) or adrenalin (Leichner) into the wall of the ventricle have been tried but without very encouraging results.

Sinus Stimulation as a Factor in Resuscitation of the Heart.

By Joseph Erlanger, M. D., of St. Louis, at the meeting of the St. Louis Medical Science Club, May 14, 1912:

Not infrequently, direct massage alone fails to resuscitate the heart in cases which are, to all appearances, very favorable for resuscitation. One of the causes of such failure is the failure of the auricles to become spontaneously rhythmical. The clew to the factor here described was obtained from some experiments in which it was shown that strips of the cat's auricle, when suspended in Locke's solution and stimulated tetanically during brief periods, can be made to beat spontaneously for many hours; and that the same treatment of a strip that is spontaneously rhythmical increases the rate of beat and the strength of the impulse. These results are obtained only when the sinus region of the heart is stimulated. It has been found that brief tetanic stimulation of the sinus region of a perfused heart, which has failed to beat owing to the failure of the development of spontaneity, may once and for all restore the normal sequence of beat. In such cases stimulation of parts of the auricle other than the sinus region has not restored the normal heart beat. Experiments made on the exposed dog's heart, brought to a standstill by the administration of chloroform or by asphyxia, have demonstrated the value of this factor in resuscitation of heart in situ. In these cases direct massage of the heart takes the place of the immersion of the strip or the perfusion of the heart. The massage was applied in such a way as not to obscure the value of stimulation of the sinus region. A satisfactory method for the resuscitation of the whole animal, based upon this factor has been developed. A sound electrode has been made by means of which the stimulus can be applied to the sinus region through the unopened chest. The massage was given subdiaphragmatically. Several animals which could not be revived from apparent death by means of massage alone have been revived under the combined method.

Relation of Pulse Pressure to Renal Function.

By Dr. Robert A. Gesell, of St. Louis, at the May, 1912, meeting of the St. Louis Medical Science Club:

The effect of changes of pulse pressure on renal secretion was studied in the intact kidneys of the dog. The method employed for altering

the pulse pressure was to connect an air-chamber, under mean pressure, with the abdominal aorta, a few centimetres below the renal arteries. By varying the size of the air-chamber, the amplitude of the pulse was easily changed. Since velocity flow of blood through the kidneys is an important factor in renal secretion, the venous flow was measured directly from the renal veins under varying conditions of pulse pressure. The rate of flow was found to be absolutely constant, whether the pulse pressure was normal, diminished, or completely obliterated.

The effects of pulse pressure on renal secretion briefly summarized are as follows:

(1) With the same mean pressure the amount of urine secretion as a rule varies directly with the amplitude of the pulse. There are, however, a few exceptions.

(a) In one experiment in which the pulse pressure was diminished only a small amount, the urine flow was repeatedly slightly increased.

(b) In a few instances the pulse pressure remained the normal size or even increased in magnitude on connecting the air chamber with the abdominal aorta. In all these cases a copious flow of urine under normal pulse pressure stopped immediately when the air-chamber was placed in connection with the aorta.

These results seem to indicate that the magnitude of the pulse pressure is not the sole factor in altering renal flow. The suddenness of pressure changes—vascular shocks, and the shape of the pulse-curve may also be an important factor. The general reaction of the vascular system to the connection of an air-chamber with it needs further investigation.

(2) In two experiments in which albumin appeared in the urine, the amount varied inversely with the magnitude of the pulse pressure.

(3) With the same mean pressure the amount of chlorides and urea in the urine varies directly with the magnitude of the pulse pressure.

Clinical Study of 1,000 Cases of Ulcer of the Stomach.

Dr. J. Friedenwald, of Baltimore, read a paper on this subject at the annual meeting of the Association of American Physicians at Atlantic City. The following is the Medical Record's abstract:

He said that the thousand cases occurred in 12,598 patients affected with various gastric disturbances (7 per cent.). The largest proportion occurred between the twentieth and fiftieth years, and the greatest number between the twentieth and thirtieth years. There were 676 females and 324 males. As to occupation, 31 were cooks, 18 were workers in metal, 12 in porcelain, 8 were miners, 28 were tailors, 15 shoemakers, 19 blacksmiths; a definite history of trauma was elicited in 23 cases. Anemia was present in at least 65 per cent. of all cases. Of the entire number 774 were treated medically, 91 were operated on; 20 of the 91 operated upon had been first treated medically. Of the 774 cases treated medically 511 were given the rest cure treatment, while 263 were treated as ambulatory patients. Of the 511 treated by the rest cure 394 underwent the Leube treatment and 107 the Lenhartz, or a slight modification of the same. Of the 394 treated by the Leube cure 287 (or 72 per cent.) were cured, and 92 (or 23 per cent.) were not cured, and 15 died (4 per cent.). Of the 107 treated by the Lenhartz treatment 73 (or 68 per cent.) were cured, 29 (or 27 per cent.) were not cured, and 5 (or 5 per cent.) died. Of the 263 cases treated as ambulatory patients, 147 were treated with nitrate of silver, 106 with subnitrate of bismuth, and 10 by the olive oil method. Of the 147 treated with nitrate of silver 66 (or 45 per cent.) were cured, while 81 ((or 55 per cent.) were not cured. Of the 106 treated with subnitrate of bismuth 56 (or 53 per cent.) were cured, and 50 (or 47 per cent.) were not cured. Of the 10 treated by the olive oil method 4 (or 40 per cent.) were cured and 6 (or 60 per cent.) were not cured. End results: Of the 287 cases treated by the Leube method and cured 77 could be followed for a period of five years or longer after treatment. Of these 58 (or 75 per cent.) remained permanently well, while 19 (or 25 per cent.) had relapses. Of the 73 treated by the Lenhartz method and cured 35 could be followed for a period of five years or longer after treatment. Of these 27 (or 78 per cent.) remained permanently well, while 8 (or 22 per cent.) had relapses. Of the 91 cases operated on 64 (or 71 per cent.) were cured and 20 (or 22 per cent.) were not cured, and 7 (or 7 per cent.) died. Of these 10 had perforations, of which 6 (or 60 per cent.) recovered, and 4 (or 40 per cent.) died. End results: Of the 64 cases operated on and cured 45 could be followed for a period of 5 years or longer; of these 41 (or 91 per cent.) remained well, and 4 (or 9 per cent.) had relapses.

Reports from Medical Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M.D., Reporter.

The regular October meeting of the Atlantic County Medical Society was held at Galen Hall, on Friday evening, Oct. 11th.

This was the first meeting of the society since last June and considering the fact that many of our members are away on their vacations the attendance was very good.

Dr. Louis Fischer of New York City gave a very interesting talk on Infant Feeding, which was freely discussed

The N. J. State Society was invited to hold their next annual meeting in Atlantic City on any date selected by the Board of Trustees.

An invitation was received from Dr. Halsey to spend a day as guests inspecting the N. J. State Hospital at Trenton, and a committee was appointed by the chair to select the date.

Atlantic City was especially honored on September 22nd by a visit from the body of German physicians who were enroute to the meeting of the International Congress of Hygiene and Demography at Washington, D. C.

About two hundred and fifty of them arrived by special train at 10 A. M., and were met by a committee from our society. They were taken in roller chairs along the boardwalk, and given an opportunity to inspect the various piers and amusements for two hours. Luncheon was served at the Hotel Shelburne at one o'clock. Dr. W. Blair Stewart acted as toastmaster and several witty and laudatory toasts were made.

After luncheon they were given the privilege of an automobile ride around the city, or a visit to the Million Dollar Pier, where a special Net Haul was made. They departed at 5 P. M., for Washington.

The committee from our Society who arranged for their entertainment here consisted of Dr. W. Blair Stewart, Chairman; Dr. W. F. Martin, Dr. Philip Marvel, Dr. George Scott, Dr. Jos. Marshall, Dr. David Berner, Dr. Bernard Lee, Dr. Emery Marvel, Dr. Theo. Senseman and Dr. Walt P. Conaway.

BERGEN COUNTY.

Fred. S. Hallett, M.D.

The regular monthly meeting of the Bergen County Medical Society was held in Elk's Hall, Hackensack, Oct. 8th, 8:15 P. M.

Dr. S. E. Armstrong, vice-president, occupied the chair. There were 18 members present.

Dr. T. N. Gray, secretary of the State Society was our guest for the evening, and he gave us a very instructive talk on the functions of the County Society and its relation to the State Society.

Dr. Gray also made a brief address on "The Topical Use of Cod Liver Oil," with special reference to its use in malnutrition, marasmus, and in premature children.

I shall not attempt to report the doctor's most interesting address, as he has promised to put it in shape for publication in the Journal.

Dr. J. F. Bell presented a case of "Hodgkins" disease in a young male child. A full report will later be sent to the Journal.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society is planning for a year of usefulness to its members and the Program Committee will soon have an announcement to publish concerning the scientific meetings.

The Public Health Education Committee of the county society announces the following plan for this year. For any civic, or other, club or society desiring it they will offer to procure a lecturer and manage the affair in all particulars except providing the audience and place of meeting; even the topic of the lecture may be a matter of choice by the club. The aim is to bring scientific medicine closer to the people as a subject of interest and instruction. The method is designed to learn what the people choose to hear but safeguard it by carefully selecting speakers who will advance the A. M. A. propaganda of reform and also make honorable practice of medicine popular. Women's clubs, labor organizations, lodges, young people's societies, indeed any body of people offering an audience has thus an easy opportunity to hear medical lectures of a high order at their own convenient time and place but under the direction of our society. Great success has attended the first efforts and The Contemporary (Women's Club of some fourteen hundred members) has by our co-operation arranged for a big meeting December 3d at which Dr. Cabot, of Boston, will deliver a lecture on "Democracy and Medicine." By this notice the Public Health Education Committee urges the County Society members to bestir themselves and find opportunities for bringing the offer of our co-operation to the attention of lay organizations.

HUDSON COUNTY.

William Friele, M.D., Reporter.

The first meeting of the Hudson County Medical Society was held Oct. 1st, 1912, and augurs well for an aggressive season.

The meeting was called to order by the President, Dr. Wallace Pyle. Minutes of last meeting were read and approved. Dr. John Pellarin, 43 Clinton avenue, West Hoboken, and Dr. Paul Fitzgerald of Newark, were elected to membership.

Resolutions were passed on the deaths of Dr. James A. Exton, of Arlington, and Dr. Max Hecht of West Hoboken.

Under interesting cases Dr. George E. Mclaughlin reported the removal of a kidney from an individual whose only symptoms were bloody urine, and a rather peculiar form of cell found in the urine. The organ removed was slightly enlarged, particularly in the upper pole. On section the upper third of the parenchyma showed a distinct new growth which proved to be a typical carcinoma. Patient was about forty years of age, and although diligently investigated, no other evidence of a carcinoma has been so far found. There has been no case reported where a primary carcinoma of the kidney existed, and the rarity of the condition prompted him to present the history of the patient in question.

Dr. F. D. Gray related some experiences with the use of Lane's plates. One case he saw ten days after an injury to the shoulder, with an infected wound. An X-ray showed a fracture of the surgical neck only. A second plate showed a fracture of the surgical neck plus a sub-glenoid dislocation. Under the circumstances the prospects were not good for getting union, and a Lane's plate was applied, which was removed some two months later. There was good callous formation, and good union. Three sinuses which formed were dissected out at the time of the plate removal. In another case of frature of the tibia treated by a plate, there was no inflammation produced, and at the end of three months union was only fairly good. An X-ray at this time showed good position, but absolutely no callous. A Wassermann made shortly afterwards proved to be positive, 606 was administered, and the patient has now firm union.

Dr. Henry Spence told of a case of intussusception in a rachitic infant, aged six months. The baby was seized with a convulsion in the early morning, with vomiting; within twenty-four hours developed slimy and bloody stools, with marked abdominal distention and persistent vomiting. An examination by rectum showed an intussusception of the bowel in the sigmoid. As the infant's condition was desperate, a large sized catheter was passed into the gut, gas and fecal matter discharged and the little patient tided over the crucial period. Notwithstanding a full milk formula, the baby began to lose weight markedly. Therefore, operation was decided upon, and disclosed a very long caecum which seemed to dip into the pelvis and make a double loop. The appendix and a portion of the caecum were found in the intussusception. The appendix was removed, and the intussusception reduced, no attempt being made to fix the bowel. Two weeks afterwards while crying, the abdominal incision burst, and

was immediately resutured. The child is now doing well.

Dr. G. K. Dickinson recalled the statement of Hippocrates—that prognosis was fallacious—and he thought the same might be said of dragnosis. Prior to '88, typhlitis and perityphlitis were commonly used terms. In that year Fitz wrote on appendicitis, and since then everything has been appendicitis, and to mention typlitis or perityphlitis was significant of ignorance. When Jackson showed that appendicitis existed with perityphlitic conditions, it took twelve months before he got the attention of the profession, and what was before our eyes all along, we now recognize as pericolonic films, and many diseases and disturbances in the right iliac region are due to the presence of these films, kinks, etc., and many of our so-called appendicitis cases are acute exacerbations of chronic conditions. The narrator then recited a case which clearly illustrated the points brought forward, and where the usual lumbar incision was utilized for the exploration and treatment of the perityphlitic condition as well as for the kidney fixation.

Dr. H. J. Bogardus illustrated mistaken diagnosis, by presenting case of a child who fell from a table and complained of pain in the right hip. X-ray showed no abnormality. The symptoms persisting, the probability of tuberculosis of the hip was thought of, and a splint made. The other hip then became painful, which made the diagnosis of scurvy certain, and under milk and orange juice, the manifestations abated in one week.

Dr. W. L. Pyle recounted five cases of facial paralyses with different pathologies, with the symptoms, treatment and results.

Dr. M. A. Swiney, Bayonne, mentioned a case of duodenal ulcer, on which a posterior gastroenterostomy had been done, but the patient still complained of pain and distress in the lower abdomen. A secondary operation disclosed a Jackson's veil reaching from the tip of the appendix to the hepatic flexure, the removal of which was followed by complete recovery. He described the case of a boy who had attacks of abdominal pain two or three times a week, with no signs or symptoms leading to a distinct pathology. An incision revealed a Jackson's membrane with heavy bands, pulling the ascending colon to one side, and also sacculating it. He emphasized the importance of these bands, which could be demonstrated by picking up the socalled membrane. The doctor also announced the opening of his private sanatorium, and extended an invitation to the members to drop in and inspect it.

Dr. A. A. Strasser exhibited a specimen, and gave a very interesting sketch of the life history of the Gordius worm, which somewhat resembles the nematodes, and has been occasionally found in the intestinal tract of man. Dr. Sharp demonstrated the difficulty in diagnosis by reciting the history, symptoms, etc., of a man nineteen years old with prodromal symptoms of multiple sclerosis or meningitis. The patient died of pulmonary oedema, and on autopsy nothing was found pathologically until the spinal cord was investigated, and a lipoma presented between the sixth cervical and first dorsal—the condition being very rare.

Dr. A. Nelson told the story of an accurate diagnosis of a fibroid tumor unattached, located at third and fourth dorsal vertebrae; removed by operation, and followed by complete recovery.

The paper of the evening on "Teeth and Disease was read by Dr. S. A. Cosgrove, Jersey City, which I forward herewith. Discussion followed by W. J. Webster, D.D.S., G. H. Grim, D.D.S., and Drs. D. Miner, E. L. Bull, H. H. Brinkerhoff, J. H. Rosenkrans, G. K. Dickinson, F. D. Gray, M. A. Swiney, Jos. Koppel, and was closed by the essayist.

(This paper, with brief abstract of the discussion will be published in the next issue of our Journal.—Editor.)

GLOUCESTER COUNTY.

Howard A. Wilson, M.D., Reporter.

The fifteenth annual Social Session of the Gloucester County Medical Society was held at the Hotel Pitman, Pitman, on Thursday evening, September 19, 1912.

In the absence of the President, Dr. R. K. Hollingshead, vice-president, presided.

Dr. Duncan Campbell, of Woodbury, and Dr. Fooder, of Williamstown, were elected to membership. The application of Dr. William Haines, of Mullica Hill, was, as usual, referred to the Board of Censors.

The Society then adjourned and entertained the ladies and visiting delegates at a banquet.

Dr. James Hunter, Jr., on behalf of the Society presented to Dr. George E. Reading a loving cup, suitably engraved, in recognition of twenty-five years of faithful and efficient service as Secretary and Treasurer of the Society, and as a token of the appreciation and esteem in which he is held by the members. Dr. Reading, in accepting the cup, said that his work had been a labor of love, and that whatever he had been able to do to enhance the work of the Society, had been possible only by the hearty co-operation and loyal support of each member.

Letters of greeting were read from Dr. C. H. Heritage, who is recuperating at Hot Springs, Ark., and from Dr. George C. Laws, of Paulsboro. The Secretary was directed to send letters of sympathy to Drs. Heritage, Laws and Oliphant.

MERCER COUNTY.

Walter A. Taylor, M.D., Reporter.

The regular monthly meeting of the Mercer County Medical Society was held at the Municipal Building, Trenton, Oct. 8, 1912. There was a good attendance. Dr. C. H. Holcombe presided. Routine business was transacted.

The Society voted to hold their next meeting and annual banquet at the Trenton Country Club, Nov. 12, 1912. Dr. C. H. Holcombe, President; Dr. F. G. Scammell, Secretary, and Dr. I. M. Sheppard, Treasurer, were appointed a committee to arrange for this event.

Dr. M. W. Reddan was to have read a paper, but was unable to be present.

Dr. W. A. Taylor spoke in regard to the work of the Municipal Tuberculosis Hospital of Trenton. This was discussed by Drs. Murray B. Kirkpatrick, G. N. J. Sommer, and Samuel Freeman.

MIDDLESEX COUNTY.

M. S. Meinzer, M.D., Secretary.

The Middlesex County Medical Society held its regular quarterly meeting in the Parker House, Perth Amboy, on Wednesday, Oct. 16th. In the absence of President Voorhees, vice-President F. C. Henry occupied the chair. There was a fairly good attendance. An excellent dinner preceded the business session.

The following changes were, after discussion, made in the by-laws: Changing the date of the Society's annual meeting from April to October and making the fiscal year of the Society from Jan. 1st to Dec. 31st inclusive. By unaminous vote, the present officers' terms of service were extended to the time of the annual meeting in October, 1913.

Several ethical questions were discussed, among them the prescribing of medicines by midwives, certain improper actions of druggists, and aso of contract practice by physicians. The report of the Committee on Contract Practice was read, and action thereon was deferred until the next meeting. A committee was appointed to consider midwives and druggists' irregularities.

After the report of some interesting clinical cases the Society adjourned to meet in Metuchen on the third Wednesday in January, 1913.

PASSAIC COUNTY.

Thomas A. Clay, M.D., Reporter.

The regular monthly meeting of The Passaic County Medical Society, was held in the Braun Building, on Tuesday evening, Oct. 8, 1912.

Dr. J. J. Halinan, was elected to membership, in The Passaic County Medical Society.

Drs. F. Y. Neer, A. H. Ward, T. F. O'Grady, and J. Van Ess, were re-elected, to membership.

The following resolutions were passed regarding the death of Dr. Michael W. Gilson.

The death of M. W. Gilson, one of the oldest members of our society occurred on Sept. 15, 1912. Graduated in 1881, he began the practice of medicine in this city of Paterson, and by patient persistent effort attained a success that such efforts deserved.

As a physician he was thorough and conscientious, and altogether scientific in his methods. As a man he was modest and approachable, well informed in general literature, broad in his views of life, tolerant of opinions differing from his own, and always open to new impressions and new ideas.

As a member of the Passaic County Medical Society he was a faithful attendant at its meetings, and occupied the chair as its president in the year 1903.

The Passaic County Medical Society takes this opportunity of expressing its deep regret at his unexpected demise, and extends its heart felt sympathy to his family in their bereavement.

J. M. Stewart,
P. A. Harris,
William J. Atkinson,
Committee.

The application of Warren Hastings, M.D., and David H. Mendelsohn, M.D., were referred to the Board of Censors.

The following resolution was passed, by The Passaic County Medical Society:

Whereas the running about loose and at large of dogs in the streets, avenues, high-ways and other public places in the city of Paterson is a public nuisance, dangerous to life and detrimental to health by reason of many persons being bitten by dogs and the prevalence of rabies.

Be it resolved that his honor the Mayor be and is hereby notified that it is the sense of the Passaic County Medical Society that the City of Paterson should endeavor to establish a public pound for lost and sick dogs found running at large.

The following symposium on Typhoid Fever was presented to the society, by Drs. W. F. Gutherson, J. M. Stewart, C. H. Scribner and James O'Donnell.

(These papers have been received and will be published in a subsequent issue of the Journal, if possible in the December Journal.—Editor).

After the above symposium was presented, the papers were discussed by Drs. James H. Curts, I. Surnamer, C. J. Murn, H. H. Lucas, H. H. Brevoort, W. B. Johnson, W. Flitcroft, P. A. Harris, G. B. Flood, C. M. Campbell, B. H. Rogers and P. E. Rauschenbach. During the discussion, the question of diet was fully considered, and the Society seemed to be evenly divided in their opinion as to which was the proper diet a restricted or a full diet.

Other matters talked about in regard to typhoid, were the various kinds of baths used, the hyperchloride treatment in relation to sewage disposal plants as a preventive to typhoid, and the technique for nurses, so that they might be taught how to prevent the spread of typhoid, by carrying the disease from one patient to another or contracting it themselves.

A motion was passed that a committee be appointed to formulate a "Technique for Nurses" or "Guide" to be used by them in the nursing of typhoid fever patients so as to prevent the spreading of the disease, or carrying of the disease by nurses, from one patient to another.

UNION COUNTY.

George Knauer, M.D., Reporter.

The Union County Medical Society held its regular meeting in the Y. M. C. A. Auditorium, Plainfield, Wednesday evening, Oct. 9th, 8:30 o'clock. Dr. Charles Schlichter, President, in the chair.

Dr. Hubbard, of Plainfield, presented a case of dislocation of the crystaline leva which was exceedingly interesting.

Dr. B. VanD. Hedges, reported a case which at autopsy showed carcinomatons nodules in liver, lung, pleura and diaphragm. It was thought that the growth was a primary one of the liver.

Dr. E. W. Hedges reported a case of a woman, 65 years of age, who presented a large tumor in the lower abdomen and pelvis; vaginal examination revealing a hard nodular mass in the cul de sac, cervix also hard and uterus apparently fixed. Diagnosis of uterine fibroid was made as patient had recently experienced a marked flow of blood from vagina, although menstruation had ceased fifteen years previously. Operation revealed a large dermoid cyst which compressed the uterus until it was very much flattened.

Dr. T. F. Livengood reported a case of carcinoma of the liver in which there had been a cessation of symptoms over quite some period of time, eventually followed by death.

Dr. John A. Runnels, of Scotch Plains, Dr. Joseph Wantock, of Roosevelt, Dr. Charles T. Decker of Westfield, and Dr. Frank Steinke of Elizabeth, were proposed for membership.

Dr. James Hanrahan, of Elizabeth, was elected a member of the Society.

The paper of the evening, entitled, "The Use of Bone Transplantation in the Treatment of Ununited Fractures, Pott's Disease and Clubfoot," was read by Dr. Frederick H. Albee. A number of photographs were presented which added materially to the interest of the subject.

Drs. Conover, Reilly, H. R. Livengood, Eaton, and T. F. Livengood, discussed the paper.

Tri-County Medical Society and Sussex County Society.

The combined meetings of the Morris, Warren and Sussex County Tri-County Association and the Sussex County Medical Society, which were held Tuesday, at Branchville, brought out one of the largest gathering of years. In addition to an unusually large attendance of the members of the societies were physicians from New York, Paterson, Newark and other cities, including representatives from the State Medical Society.

ADDRESS BY PRESIDENT E. E. B. BEATTY.

Gentlemen, to-day as you see by the programme is our fourteenth anniversary. This society, as many of you know, was organized Oct. 11th, 1898, and was named by its founders, the Tri-County Medical Association, comprising of the counties of Warren, Sussex and Morris.

The first meeting of this association I understand, was held in Warren county. The second in Sussex, and the third in Morris. Afterwards rotating annually to the county in the order named.

Perhaps some of the organizers of this grand association, are with us to-day, while others who were potent factors, as instigators of this society have since passed to their reward.

It seems to me, gentlemen, that there is no doubt, but that the organizers of this society instituted it, for two great and important reasons. First, for the promotion and advancement of internal medicine and surgery, through the interchanging of medical and surgical thoughts or ideas.

And secondly, for the great purpose, of bringing these component societies into a closer, and more intimate relation with each other, in order that its members may spend a day each year together in friendship and social enjoyment.

As an organized body then, these meetings have become exceedingly interesting and profitable to all of its members, both from a medical and social point of view.

At each of these meetings, as you know we have had prepared, read and discussed valuable papers, upon the various subjects of medicine and surgery by its members, and besides these, we have been highly honored each year, by having some distinguished gentleman, of national reputation, to deliver our annual address.

Then from the high character of these meetings, and the great good to be derived from them it seems to me that none of its members can afford to miss them.

I am sorry to say that the last two meetings have been poorly attended. At Morristown two years ago, I was the only man there, representing the Sussex County Medical Society, while from Warren County, the representation was somewhat better, numbering about four members. Morris County, the home county of the meeting was the best represented.

Last year the meeting was held at Washington, Warren County, with about the same attendance.

Now, gentlemen, the attenuation of these meetings should not be allowed to continue from lack of interest. In the future let us all, as individual members of each component society, make an earnest effort to attend these annual meetings, with renewed interest and vigor. Let none of them then be absent, except for some reasonable, or unavoidable cause.

As a coincidence, the fall meeting of the Sussex County Medical Society and the Tri-County, fell upon the same date, so the Committee of Arrangements, after considering the matter, decided to amalgamate these meetings today, which I think meets with the hearty approval of all here.

Gentlemen, I shall not continue my remarks any further, because we have to follow several important papers to be read and discussed, besides our annual address to be given by our distinguished guest, Dr. Walter M. Brickner, editor of the American Journal of Surgery.

The annual address by Dr. Walter Brickner, surgeon to Mt. Sinai Hospital, New York, entitled "Practical Talk on Fractures Based on Personal Experiences." It was well illustrated and was replete with valuable experiences and observations on this always exacting field surgery. The "Demonstration of the Pulmotor" by Dr. F. P. Wilbur, of the Franklin Hospital, developed keen interest.

This weighty and costly mechanism, only one of which, by the way, is in New York city, performs respiration artificially but rythmically through forced filling and emptying of the lungs, and will prove of special life saving value in suspended heart and lung action from electric shocks.

Able papers were read by Dr. A. E. Carpenter, of Boonton, on "Gall Bladder Diseases"; and by Dr. G. W. Cummins, of Belvidere, on "Immunity."

The Tri-County Society in the afternoon elected the following offices for the ensuing years: President, Dr. A. E. Carpenter, Boonton; 1st vice-president, Dr. G. W. Cummins, Belvidere; 2d vice-president, Dr. E. A. Ayers, Branchville; treasurer, Dr. F. W. Flagge, Rockaway; secretary, Dr. C. B. Smith, Washington. The next meeting will be held at Morristown. The spring meeting of the Sussex County Society will be held at Newton.

Tri-County Medical Society of South Jersey.

George E. Reading, M.D., Secretary.

The Tri-County Medical Society of South Jersey, met at the City Hotel, Bridgeton, on Oct. 22nd.

In the absence of the president, vice-president, Dr. Joseph Tomlinson, presided.

The secretary read a letter from the president, Dr. C. S. Heritage, who has been at Hot Springs, Arkansas, since February, last, undergoing treatment for nephritis. Dr. Heritage reported that he was getting along fairly well; but would not be well enough to return home for some time. He forwarded his annual address entitled "Medical Subjects of Interest in the South and, Especially, of Hot Springs and Mountain Valley, Arkansas," requesting that the secretary read it to the Society. On motion, the secretary was directed to convey to Dr. Heritage the sympathy of the Society, and its hope that he would be speedily restored to health. Dr. Heritage's address is sent herewith for publication in the Journal.

Dr. Charles F. Nassau, of Philadelphia, read a paper entitled "Infiltration Anæsthesia" which was a thoroughly up-to-date exposition of this important procedure.

Dr. J. Torrance Rugh, of Philadelphia, read a paper on "Orthopedic Treatment of the After-effects of Infantile Paralysis."

The author strongly urged the necessity for complete and long-continued rest, in these cases as both the likelihood of cure and the prevention of deformity were best conserved by this means.

As this was the annual meeting of the Society, officers for the ensuing year were elected, as follows:

President, Wm. H. Carpenter. of Salem, Salem county; 1st. Vice-President, Joseph Tomlinson, of Bridgeton, Cumberland county; 2nd Vice-President, Samuel F. Ashcraft, of Mullica Hill, Gloucester county; Secretary and Treasurer, George E. Reading, of Woodbury; Executive Committee, Harry A. Stout, of Gloucester county; John H. Moore, of Cumberland county, R. M. A. Davis, of Salem county.

(Dr. Heritage's address will be published in our December Journal.—Editor.)

Morristown Medical Club.

Reported by J. Moore Fisher, M.D.

The Morristown Medical Club met on Oct. 2, 1912, at the home of Dr. H. A. Henriques, the host of the evening. Dr. Henriques read an instructive essay on Septicemia, giving the etiology, diagnosis and treatment of this disease. He quoted Cabot, "that of all cases of continued fevers, ninety per cent. were due to either typhoid fever, tuberculosis or sepsis, and that where fever was prolonged and the other two diseases are eliminated, sepsis should be carefully examined for. The doctor gave the history of two cases of sepsis where the foci of infection was in the mouth. One of the patients was a physician who was present, and who entered into the discussion of the paper. The onset of the disease was in October and though several dental surgeons were called in consultation along with internists, serologists and bacteriologists, no definite diagnosis was made when the patient entered a hospital in New York City late in December. An X-ray plate of the mouth showed areas where the bone was lighter and more rarefied than in other places, and after a number of teeth were pulled in January, the temperature returned to normal and remained there, though convalescence was not fully maintained until February.

The essay was discussed by most of those present, many of whom had seen cases where septic foci had been thought the cause of disease even before it could be definitely located. It was brought out that in many of these cases the blood showed no leucocytosis, as in the one reported, and that this might be due either to a very virulent infection, a strong resisting power or a continued entering into the system of a small amount of septic material from a free draining pus producing centre. A strong plea was made for more careful examination of the mouths of patients and the desirability of oral hygiene being brought more before the public so that better care of the mouth and teeth will become a general habit.

Summit Medical Society.

Reported by William J. Lamson, M.D

The first meeting of the year of the Summit Medical Society was held at the Highland Club, on Friday, Sept. 27, at 8:30 P. M. Dr. J. Boyd Risk entertained the Society, and Dr. D. E. English occupied the chair. There were present Drs. Baker Bebout, Campbell, English, Gorton, Hamill Jaquith, Keeney, Meigh, Moister, Pollard, Risk, Stites, Wolff and Kraus. Dr. E. Gorton was elected secretary pro tem.

By unanimous votes Dr. W. J. Lamson was re-elected secretary for the Society for the coming year.

The Committee appointed at the last meeting to report on the subject of physicians' fees while attending the patients of an absent physician was ordered to report at the next meeting.

Dr. J. Boyd Risk, instead of reading a formal paper, made full report of several cases which he had found of considerable interest. One was a case of Myasthenia gravis; another of insanity due to goiter.

Dr. R. W. Moister reported an unusual case of typhoid fever, and Dr. T. W. Bebout a case of acetanilid poisoning in a child.

Dr. Robert H. Hamill, who has been away from Summit for his health since last November, returned home a few weeks ago fully recovered and has resumed his practice.

North Jersey Medical Society.

An interesting session of the North Jersey Medical Society, which embraces in its membership the colored physicians, dentists and pharmacists of North Jersey, was held at the home of Dr. I. A. Lawrence, at 1086 Elizabeth avenue, last night. One of the features of the session was the reading of a paper on dentistry by Dr. W. H. Sutherland, of Orange, president of the organization. A medical and dental clinic was held with much interest to those present. The use of the X-ray was one of the features of this work. The out-of-town members present at the gathering were: Dr. W. H. Sutherland, of Orange, president; Dr. James S. Stroud, of Jersey City, secretary; Dr. W. B. Alexander, of Orange; Dr. W. W. Wolfe, of Newark; Dr. W. P. G. Urling, of Newark; Dr. H. J. Burnett, of Montclair; Dr. J. H. Lawson, of Plainfield; Dr. T. W. Robinson, of Jersey City, and H. J. Bynum, of Montclair, the latter one of the two colored druggists in this section of the State.

The Philadelphia Medical Club Entertains the Mayor.

Mayor Blankenburg, of Philadelphia, was given a reception and banquet by the Medical Club of that city in the ball room of the Bellevue-Stratford Hotel, Oct. 18th. The following Camden physicians were present: Drs. A. McAlister, A. H. Lippincott, Joel Fithian, W. W. Kain, H. I. Goldstein, T. B. Lee, E. Pechin, E. B. Rogers, W. A. Davis, A. B. Davis, W. M. Osmun, E. A. Y. Schellenger, L. B. Hirst, H. F. Bushey and P. M. Mecray.

American Association of Obstetricians and Gynecologists.

The tweny-fifth annual meeting of this Association was held in Toledo, Ohio, September 17-19, 1912. Dr. Xavier O. Werder, of Pittsburgh, Pa., presiding.

The following members from New Jersey were present:

Drs. Edward J. Ill and Charles L. Ill, of Newark; Dr. Gordon K. Dickinson, of Jersey City; Drs. Emory Marvel and William Edgar Darnall, of Atlantic City and Dr. Ellis W. Hedges, of Plainfield.

Dr. Darnall presented a paper on "The Operative Treatment of Puerperal Septicemia," which was published in the September issue of Surgery, Gynecology and Obstetrics.

Dr. Hedges read a paper on "Some Diagnostic Pitfalls in Abdominal Surgery."

Dr. Miles F. Porter, of Fort Wayne, Ind., was elected president of the Association and Providence, R. I. was selected as the place for the next annual meeting.

Sixth International Congress of Obstetricians and Gynecologists.

This Congress met in Berlin, Germany, September 9-13, 1912. It received the patronage of the Empress of Germany. The Imperial Government granted the use of the Herrenhaus—upper house of the Prussian Diet—for the scientific sessions.

The Congrass opened with the presidential address by Prof. Burmen, of Berlin. The Organization Committee recommended the acceptance of the invitation extended by the gynecologists and obstetricians of the United States and Canada to hold the next regular meeting in New York City in 1915, and nominated Dr. J. Riddle Goffe, of New York, as president. These recommendations received the unanimous approval of the Congress.

The two principle themes presented and discussed were: "The Reaction of the Peritoneum to Surgical Interference and the Best Method of Controlling It," and "The Surgical Treatment of Uterine Hemorrhage in Puerperal Cases." On the third day fifty-three papers were presented, being read in abstract. Drs. H. J. Boldt, J. Riddle Goffe and Arthur Stein, of New York, and Dr. Edward P. Davis, of Philadelphia took part in the discussions. Dr. Stein presented the present status in America of the operation for carcinoma uteri.

First International Eugenics Congress.

This Congress opened in London July 24, with 400 delegates, representing twelve countries, in attendance. The congress was formally opened at a banquet and reception at which speeches were made by Arthur J. Balfour, the lord mayor, and Major Darwin. Mr. Balfour said the study of eugenics was one of the most pressing necessities of the age. He based his belief in the future progress of mankind on the application of scientific methods to practical life.

Among the papers read during the business sessions were those of Dr. Raymond Pearl of the Maine experiment station on the "Inheritance of Fecundity," and Dr. D. F. Weeks of the New Jersey State College on "The Inheritance of Epilepsy." Dr. C. F. Davenport, biologist of Cold Springs Harbor, N. Y., read a paper on "Marriage and Eugenics." Bleecker Van Wagenen delivered an illustrated lecture, which embodied the report to the congress of the eugenics section of the American Breeders' Association. This consisted of a study and report as to the best practical means of cutting off the defective germ plasm in the human population.

A program of entertainments, visits and receptions were provided by a committee consisting of the Duchess of Marlborough, the lord mayor, Lady Aberconway, Mrs. Leonard Darwin, Mrs. A. C. Guttom, Mrs. Whitelaw Reid, Mrs. Alec Twedie and R. Newton Crane.

Third Clinical Congress of Surgeons of North America.

The Third Annual Session of the Clinical Congress of Surgeons of North America will be held in New York City, Nov. 11-16, 1912. The preliminary programme is extremely attractive from a scientific standpoint, and indicates that the Congress is to be one of great interest and profit not only to surgeons, but to all practitioners who can attend its sessions. The most attractive, and helpful feature to surgeons is the enormous clinical schedule, so vast that it would take several columns of our Journal to enumerate them. The operative clinics will be held in the various hospitals of New York City, morning and afternoon of each day of the week, conducted by eminent surgeons, gynecologists and obstetricians. The following departments are embraced: Surgical clinics; gynecological and obstetrical clinics; orthopedic surgery; genito-urinary clinics; opthalmological clinics; otological clinics; laryngological clinics, each having separate clinics daily. In addition to the operative clinics, an excellent programme of demonstrations in radiology, surgical pathology, experimental surgery and kindred subjects has been prepared to make a complete showing of New York's facilities as a surgical center. A series of clinics will also be held each day in the Brooklyn hospitals.

For the evenings there will be six literary sessions in the Ballroom of the Waldorf-Astoria Hotel, 34th street and Fifth avenue, at which papers dealing with subjects of live surgical interest will be read by prominent surgeons of America and Europe, and these will be discussed by able surgeons. We give the preliminary programme for these.

Monday, Nov. 11th, Presidential Meeting. Address of retiring President Dr. A. J. Ochsner, Chicago; address of President Edward Martin, M.D., Philadelphia, on Treatment of Hepatic Cirrhosis; paper by Dr. William J.

Mayo, Rochester, Minn., on Surgery of the Spleen; discussion by Dr. C. H. Peck, New York.

Tuesday—Dr. George W. Crile, Cleveland, on Anesthesia and Anoci-Association (lantern demonstration); Dr. Otfrid Foerster, Breslan, Germany, on Indications and Results of Excision of the Posterior Spinal Nerve Roots in Man, discussed by Dr. A. S. Taylor, New York; Dr. Chas. H. Frazier, Philadelphia, on Problems and Procedures in the Surgery of the Spinal Cord, discussed by Dr. C. A. Elsbery, New York; Dr. D'Orsay Hecht, Chicago, on Surgery of the Spinal Cord from the Neurological Standpoint.

Wednesday—Dr. Richard R. Smith, Grand Rapids, Mich., on A Description of the Enteroptotic Woman; Dr. W. Arbuthnot Lane, London, England, on Chronic Intestinal Stasis; Dr. Robert C. Coffey, Portland, Oregon, on Replacing and Retaining Operations in the Treatment of Gastric and Intestinal Statis; Dr. John G. Clark, Philadelphia, on Summary of Results in Gastro-intestinal Statis; Dr. Joel E. Goldthwait, Boston, Mass., on Orthopedic Principles in the Treatment of Enteroptosis and Chronic Intestinal Statis.

Thursday—Dr. W. W. Chipman, Montreal, on Problems of Obstetrical Practice, with discussion by Dr. H. McM. Painter, New York; Dr. Thomas S. Cullen, Baltimore, on Radical Operation for Cancer of the Uterus, viewed from the Standpoint (a) Permanent Cure; (b) Temporary Relief; Dr. Wilhelm Weibel, Vienna, Austria, on the Wertheim Operation; Dr. X. O. Werder, Pittsburgh, on The Cautery in the Radical Treatment of Cancer of the Cervix; Dr. Robert L. Dickinson, Brooklyn, on Vaginal Hysterectomy by Electro-cautery in Early Cervix Cancer; Dr. George Gellhorn, St. Louis, on Extended Radical Operation through the Vagina for Uterine Cancer. with discussion by Dr. H. C. Taylor, New York.

Friday—Dr. E. G. Abbott, Portland Maine, on The Treatment of Lateral Curvature of the Spine, with discussion by Dr. John Ridlon, Chicago, and Dr. Royal Whitman, New York; Dr. John B. Murphy, Chicago, on Surgery of the Bones and Joints.

There will also be a meeting on Thursday evening to consider Surgery of the Eye, Ear, Nose and Throat, when the following papers will be presented:

Dr. Jackson Chevalier, Pittsburgh, on Bronchoscopy, Olesophoscopy and Gastroscopy (lantern demonstration), with discussion by Dr. C. G. Coakley, New York; Dr. Myles Standish, Boston, on Exterpation of the Lachrymal Sac and discussion by Dr. J. E. Weeks, New York; Dr. Ewing W. Day, Pittsburgh, on Otitic Meningitis, the Indications of and the Operative Treatment for, with discussions by Dr. Fred. Whiting, New York.

Any physician or surgeon in North America in good standing, may become a member by registering at the annual meeting and paying the registration fee of $5. Other members of the profession who desire to attend the Congress, will receive formal invitations if they will address a communication to the Secretary of the Congress. Dr. Franklin H. Martin, 31 N. State street, Chicago.

Miscellaneous Items.

Dr. Carrel Wins the Nobel Prize.

The Nobel prize this year has been awarded to Dr. Alexis Carrel, of the Rockefeller Institute, in recognition of his achievements in the suture of blood vessels and the transplantation of organs. The prize is valued at $39,000.

Dr. Carrel was born at Sainte Foy les Lyon, France, 1873. He received his M. D. degree in 1900. He served as an interne in the Hospital of Lyon and was associated with the faculty of medicine of the University of Lyon. He came to America in 1905 and has been an associate member of the Rockefeller Institute for Medical Research since 1909.

Medical Specialists under the Caesars.

An item in the issue of the "Lancet" for July 8th comments on the fact that medical specialism was not unknown even under the Roman Empire; for a recently discovered Latin inscription of the time of Tiberius bestows the title medicus auricularius on the imperial aurist. Medici ocularii are also mentioned in other Latin tests. In his legal digest, the celebrated jurist, Ulpian, says that "even those are to be considered physicians who promise to heal some particular ailment or part of the body, as the ear, fistulae, or the teeth." A surgeon was reckoned in the same category, and was known as medicus chirurgus.

Limitation of Advertising of Specialists.

The court of honor for the kingdom of Saxony has decided that the advertisements "specialists for external and internal tuberculosis" and "massage of nerves" are not in accordance with the principles of ethics, and therefore not permissible.

Doctors Nominated for Political Offices.

Dr. Walter S. Bray, Camden, Democratic candidate for City Council, 1st Ward, Camden.

Dr. Duncan W. Blake, Jr., Gloucester City, candidate for Surrogate, Camden county, on the Progressive ticket.

Dr. Henry O. Carhart, Blairstown, has been renominated for the Assembly on the Democratic ticket.

Dr. Hyman I. Goldstein, Camden, as a member of the Camden Board of Education on Democratic ticket.

Dr. William H. Kensinger, Camden, is the Democratic candidate for City Council in the 11th Ward.

Dr. Victor Mravlag, Elizabeth, is the Republican candidate for Mayor of Elizabeth.

Dr. William E. Ogden, East Rutherford, has been renominated for the Assembly on the Republican ticket.

Dr. Silas Quint, Camden, is the Democratic candidate for City Council in the 2d Ward, Camden.

Dr. William E. Ramsay, Perth Amboy, is the Democratic candidate for Senator from Middlesex county.

Dr. Edward B. Rogers, Collingswood, is the Progressive party's candidate for the Assembly, Camden county.

THE JOURNAL
OF THE
Medical Society of New Jersey

NOVEMBER, 1912

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to
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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to
WILLIAM J. CHANDLER, M. D., South Orange, N. J.

A TIMELY WARNING.

Recently the New York *Sun* warned its readers against physicians who prescribe proprietaries. We have inserted its editorial entire on page 318. In endorsing the adoption by the Missouri Medical Association of a resolution urging its members not to lend their support to medical journals which admit advertisements for questionable or fraudulent proprietary preparations, the *Sun* speaks plainly and forcibly. We call special attention to the following paragraph:

"The credulity of the unthinking physicians is not one whit beneath that of the misguided layman, but it is far more contemptible. For this reason the public needs to be warned against the doctor who prescribes drug preparations with some definite name—rather than a regular prescription. There never was a time when drugs were so universally and freely used by lay persons, and the chief reason may be found in the recklessness with which named proprietary medicines not mentioned in the text-books are prescribed by doctors. The latin prescription, though antiquated, is at least not easily duplicated."

It is obvious that when a patient seeks medical advice no great confidence in the physician will be inspired if the prescription received calls for a ready made proprietary which the druggist can dispense by pouring it from one bottle into another or even can dispense in the original bottle or box by merely pasting another label over the one on it. The patient will probably learn the identity of the medicine, and if it appears to do good will dispense with the physician's advice in the future. The warning is a timely one and should be borne in mind by physicians.

THE DOCTOR IN POLITICS.

We call attention to the fact that several physicians have been nominated for office and will stand for election on Nov. 5th. We give a list of those known to us on page 308.

We believe they are all good men who, if elected would serve with credit to themselves and to our profession.

We remind our readers of the importance of the election of medical men as members of the Legislature, where they are greatly needed, as the proper guides in legislation affecting the health interests of our State—the most important of all Legislative acts, and those which require the best judgment of men who have been specially educated in medical and hygenic methods of conserving and promoting public health, of equipping and managing our institutions, which care for the physically and mentally defective classes and of lessening the number of defectives in our State.

We insert on page 316 an editorial which appeared in the September issue of the Delaware State Medical Journal, on the popularity of doctors as candidates for office and deprecating the too frequent failure, when elected, to maintain their reputations as honorable educated men who seek the highest interests of the people rather than as mere partisan politicians. We hope it will not apply to any of our medical candidates who may be elected, but we commend it to their careful considera-

tion for their own and their profession's reputation, and for the public's welfare.

While our profession has favored the election of a few medical men as members of the Legislature, and has always been actuated primarily by the highest motives —the public's good and the citizens' safety and welfare—it has a right to seek the protection of its own life and highest efficiency yes, its material interests also, in so far as they condition the profession's existence and efficiency, and it ought to be protected by the State, and that also for the State and its citizens' welfare, for the protection we ask is far more for the State's than the profession's benefit.

We ought not to have to ask for and urge such protection when the abounding charity and patriotism of our profession is so well known, and especially when the State, as well as her individual citizens, has been the recipient of the profession's charitable and patriotic services—on health boards, educational boards, managing boards of State institutions, etc., etc.

The State, by law, seeks and demands a high standard of requirement for regularly educated physicians which they must demonstrate that they have attained to before the State Board of Medical Examiners, *which is perfectly right and proper;* but why does not the State drive out the pretenders and quacks who have far less than the regular doctor's demonstrated knowledge, and many of whom are fleecing the public and endangering the lives of its citizens?

When *regular* physicians have met the State's requirements, they have the right to demand that the State shall compel *all others,* of whatsoever school or method of practice, to meet the same high standard of requirement. If the State fails to do so, is it not to blame for the needless deaths and other losses resulting from the ignorance, greed and malpractice of the pretenders and incompetents, and do not the State's lawmakers and officers charged with law enforcement share the responsibility and guilt?

THE PRACTICE OF ABORTION.

We cannot too strongly condemn the unlawful and iniquitous practice of abortion, nor are we to lay the blame for its prevalence entirely upon the State, nor free our profession from all guilt of participation in or indifference to its practice. We do not entirely agree with the following item which we take from the *Denver Medical Times*:

"Another charge against the medical profession is that it is guilty of the practice of abortion. That the entire profession is guilty of this practice is, of course, false. That a large number of physicians —the percentage is, of course, impossible to state with definiteness, but I would say anywhere from 10 to 25 per cent.—are practicing it habitually, is true. But I would not blame the profession very strongly for it. It is the State that is to blame for this condition of affairs. Wherever there is a demand there is a supply, and the demand for abortions is tremendous. The layman has no idea of the frequency and of the tremendous pressure that is brought to bear upon the medical profession. I venture to say that for every abortion performed by a physician, at least one hundred demands, requests and pleading supplications are refused. If this were not so we would not have the thousands and thousands of non-medical, male and female abortionists, who thrive throughout the country. A million abortions, at a very conservative estimate, are performed annually in the United States; and I am sure that 75 to 90 per cent. of them are performed by non-medical and professional abortionists, who are outside the pale of the medical professions."

We question the statement that "from 10 to 25 per cent. of physicians are practising abortion," unless irregulars and quacks are included in the total number. We believe there is nowhere near 10 per cent. of it among regular physicians, who are educa-

ted and recognized as honorable men, and who care enough for the honor of the profession and its advancement—and their own—in scientific knowledge and in public esteem to become enrolled and actively engaged in medical society work. The true physician who is worthy of membership in our societies will not yield to "the tremendous pressure." The man who does yield to entreaties and bribes in doing that which the laws of the land and the ethics of his profession forbids, ought to resign his membership or be expelled from the Society.

The blame that rests upon the State for the prevalence of abortion consists largely in its neglect to protect the public against incompetent and unscrupulous quacks and charlatans whose greed makes them abortionists who for a big fee ply their nefarious business even at the cost of their victim's life. Then influence is sometimes brought to bear upon grand juries to shield the abortionist when abundant evidence of guilt is in their possession.

We believe the public should be educated and that the public conscience should be aroused concerning the ethical phases and the dangerous consequences of the practice of abortion. Here possibly is when the blame rests upon us as a profession more largely than in the indulgence in or of indifference in tolerating its practice by others of our society or profession.

We are happily in these later years—as true and scientific physicians—awaking to the importance of carefully considering etiological factors—going to the root of disease conditions—and hence, we have advocated, insisted upon and brought about the teaching of sex hygiene to children of suitable age by parents and teachers—qualified to teach it—in our schools. The new department of eugenics has an indirect bearing upon this subject. We need to exert our influence with parents against immodest actions and indecent dress and habits as being contributory to the increase of this evil.

We dare also to take the responsibility as representing the Medical Society of New Jersey—notwithstanding the differences of opinion known to exist among the profession—of protesting against all legalizing, or protection of, or indulgence in prostitution. Let us honor the marriage relation esteeming it as one of God's best gifts to man and safeguard, beautify and magnify the home where virtue, love and happiness reign and, as highly contributory thereto, let us insist upon the enactment of laws that shall prevent the spread of loathsome and health-destroying disease to generations to come through improper marriages.

INTERNATIONAL CONGRESS ON HYGIENE AND DEMOGRAPHY.

The fifteenth of the series of these Congresses which was held in Washington, D. C., September 23-27, was the largest and best that has been held. The attendance was enormous—about 3,000 delegates, representing 32 nations. Probably it exceeded any gathering ever held of eminent men engaged in the study and practice of preventive medicine. Germany had the largest number of official representatives and prominent men and women who were not regular delegates and the Germans occupied a conspicuous place in the reading and discussion of papers. France, Great Britain, Austro-Hungary, Belgium, Denmark, Sweden, Norway, Japan, Italy, the South American States, Canada, Australia and the British West Indies, were well represented The Universities of the World had many of their ablest men present, especially Great Britain. The United States, of course, was well represented, and took as conspicuous part as the proprieties of the occasion permitted.

The only adverse conditions and drawbacks were the exceedingly inclement weather, the inadequate meeting rooms to comfortably accommodate the members attending the various sections and some of them not centrally located and not on the trolley lines, so that distance from the hotels made walking, during the frequent downpours of rain, unpleasant. Then the vast number of papers with inadequate time for, and occasional confusion in their presentation and far too little time for their discussion was another serious drawback. Nevertheless the Congress was a very great

success. The arrangements other than in the conditions we have indicated—and they could hardly have been foreseen or changed—were marvelously well planned and were executed with commendable wisdom, politeness and courtesy of all the officials in charge and their assistants, especially by the ladies in charge of the Bureau of Information and of Registration, whose services were onerous and incessant. The papers generally were of a high order of excellence. Their great number on every phaze of preventive medicine makes it impossible to speak of them in detail or give their titles; to do so would take mere space than that of an entire month's issue of our Journal. The section devoted to child hygiene had the most papers, and probably was the most prolific of valuable information. The symposium on poliomyelitis and the papers and discussions on infectious diseases, occupation neuroses and the social evil were practical and of immense value. The "Transactions" which will be issued in volume sets of about 4,000 pages will be delivered to all members and to *advance* subscribers for $5 per set. We call special attention to the announcement of Dr. John S. Fulton, Secretary-General, on page V of our advertising pages. These volumes will be of great value to all who are interested in preventive medicine and health administration.

THE SURGEONS' CONGRESS.

We call special attention to the third Clinical Congress of Surgeons of North America, which meets in New York City, Nov. 11-16, 1912, of which we give an extended notice, although it is but a meager outline of the extensive and splendid programme of its vast number of clinics in the hospitals of New York and Brooklyn, and its six literary sessions during the evenings of the week.

From the editor's personal knowledge, derived from attendance on the second Congress held in Philadelphia last year, and a study of the programme for this year's sessions, he expresses his belief that no surgeon or practictioner of medicine who attends this Congress will fail to appreciate the vast progress our science has made during the last two decades, and is making, or to derive great profit from his attendance upon such clinics as he may choose to attend—for he cannot take in one-tenth of them—and the evening literary sessions.

We as medical men of this section of our country, are greatly favored in having two great medical centers—so near us—Philadelphia and New York—and we can felicitate ourselves on the fact that the large number of excellent hospitals in these cities and their able medical men have much to their credit for bringing these great Congresses to our doors.

SENATOR OWEN RENOMINATED.

It is a cause for general rejoicing that United States Senator R. L. Owen, of Oklahoma, has been renominated. Because of his able and persistent fight in the interest of public health, a determined and bitter campaign was waged against his renomination, by the so-called "National League for Medical Freedom," and all other enemies of the proposed Department of Health, otherwise known as the Owen bill. A prominent and popular ex-Governor was his opponent and every effort was made to nominate him, but the Senator triumphed by a vote of about two to one.

All good citizens have occasion to rejoice that he has been so decidedly endorsed and to hope he will be re-elected and go back to the Senate for another term to continue his good work against that kind of medical freedom that is in league with dopers, charlatans and quacks. We need more men of his stamp in our halls of legislation—National and State. The medical men of New Jersey congratulate the Senator.

THE ATTACK ON MR. ROOSEVELT.

"The entire country has been shocked by the murderous attack on Mr. Roosevelt, made by a presumably insane Bavarian, who, after following his intended victim all over the country, finally found an opportunity of approaching him during his visit to Milwaukee. As announced in the daily press, Mr. Roosevelt was brought to Chicago by a special train on the night of his injury, and is now a patient in Mercy Hospital. The bullet was fired from a 38-caliber revolver. It passed through a heavy army overcoat, 100 pages of manuscript and a very heavy metal eye-glass case. It entered the body one inch below and one inch to the right of the right nipple, passed upward and inward for from four to five inches, and lodged, probably deeply, in the chest wall. There is no evidence of injury to the lung. THE JOURNAL, in common with the people of the country, without re-

gard to partisan distinctions, extends its sympathy to Mr. Roosevelt, and its hopes for his speedy recovery."

We take the above from the A. M. A. Journal of Oct. 19th, and join in the sympathy and hopes expressed. We regret that some method cannot be devised to shield such worthy public men from the murderous attack of the fool who is seeking notoriety, or the really insane assassin.

We regret to hear of the death of Dr. Henry Chavanne, who has for several years been the faithful secretary and treasurer of the Salem County Medical Society. Reply had not been recived to our request for obituary notice when we send last matter to the printer. It will appear in our next issue.

Correspondence.

Legislation and Legislators.

Williamstown, N. J., Oct. 18th, 1912.

Dr. David C. English, Editor,
Journal of Medical Society of New Jersey,

Dear Doctor:

Undoubtedly there are many members of the Medical Society of New Jersey who are not aware that reciprocity between New York and New Jersey was cancelled about a year ago for the reason that our standard was lower than New York State. Their rejection of reciprocity was due to the fact that by the decision of the Attorney-General of our State, the preliminary education of an applicant for license to practice medicine in New Jersey did not have to be obtained prior to commencement of the study of medicine.

During the last session of the Legislature the law was amended making it compulsory that the preliminary educational requirement should be obtained previous to the study of medcine. New York now has raised their standard in which they will require the equal of two years in college before commencing the study of medicine, this will result in cancelling the reciprocal relations which we had hoped to obtain by our amendment to the medical law last winter.

Many of the readers of the Journal are familiar with the self-sacrificing work of Dr. William E. Ramsay. Numerous laws which are upon our statute books of New Jersey to-day raising the standard of medicne and better hygienic and sanitary laws are the result of his painstaking work. Dr. Ramsay is the candidate for Senator from Middlesex county, and it is my desire to call the attention of the profession throughout the State and particularly in Middlesex county to the necessity of careful and systematic work to insure the election of Dr. Ramsay. If he is elected to the Senate there is no question in my mind but what all vital topics pertaining to the health of the people of this State will be very carefully considered, and before the expiration of Dr. Ramsay's term we can see placed upon the statute books, laws which will place New Jersey far to the front in the work which is being done all over the United States at the present time for better and more stringent measures as regards hygiene and sanitation. Certainly it is most urgent that we should place ourselves on record as among the first to seriously take up the study of mental hygiene, a work which is so absolutely necessary in the conservation of the people of this country, looking to the development of more sound and healthy people, both mentally and physically in the future.

Sincerely yours,
Luther M. Halsey,
Chairman of Committee on Legislation.

Our Annual Meeting in 1913.

Atlantic City, Oct. 12, 1912.

Dr. David C. English,
Secretary—Board of Trustees,
Medical Society of New Jersey.

Dear Doctor:

At a regular meeting of the Atlantic County Medical Society held on the 11th inst., the Secretary called attention to the fact that there was a possibilty that other arrangements might have to be made by the Board of Trustees for the 1913 session of the Society.

The Atlantic County Medical Society, realizing that it is an honor to entertain such an illustrious body as the N. J. State Medical Society instructed its Secretary to extend to the Board of Trustees an invitation to hold its next session at Atlantic City at a date agreeable to the Board of Trustees.

Yours very truly,
E. GUION, Secretary.

The Insanity Problem.

We insert the following excellent communication of Dr. George H. Balleray, of Paterson, to the editor of the A. M. A. Journal.

Your editorial on this subject (August 17, p. 545) is most timely. Insanity, criminality and pauperism are on the increase in the United States, and as a large proportion of the insane, the criminal and the pauper elements of our population are aliens, there is nothing astonishing about that fact. For many years this country has been the dumping-ground for the riffraff and scum of Europe, and now we are reaping what we sowed. In our large American cities vice and crime are rampant; murder, arson, dynamiting, burglary, holdups, blackmailng, larceny and general dishonesty and graft are the order of the day. New York stands at the head of the list, with one murder daily during July and a startling expose through the Rosenthal murder of moral rottenness in official life.

The expense of looking after the criminals of this country is enormous. A member of the Court of Pardons of New Jersey has stated recently, in a pamphlet on penology, that it amounts to $1,000,000,000 annually, $114,000 for every hour of the day and night. How much good could be accomplished with so much money devoted to help the really worthy poor, instead of being wasted on a lot of worthless wretches, most of whom are either foreigners or only one remove from foreigners. It would be interesting to know how much it costs every year to support the inmates of our hospitals,

orphan asylums, insane asylums, homes for the feeble-minded, etc. The amount runs into the millions, and here again the "undesirable alien" and his progeny are in great measure responsible for this gigantic expenditure.

Why should this country be called on to support the human refuse of every country of Europe? This is a question which, perhaps, some Solomon in our national legislature might be able to answer, if puttering over the tariff or devising means to increase the "pension grab" did not overtax his mental capacity.

Is the medical examination of immigrants anything more than a farce? Would it be possible for the medical examiners at our ports of entry to diagnose incipient or latent disease in the time at their disposal, even if they had x-ray eyes and every man were a veritable medical Sherlock Holmes? The medical profession through its representative organizations should protest in no uncertain tones against making this country the dump-heap for the human refuse of Europe and breeding-ground for mental and physical degenerates and criminals. For many years there has been far more attention paid to the breeding of hogs in this country than to the breeding of human beings. Breeders have sense enough to give their cattle the benefit of the law of heredity; but our national legislators probably think—if they think at all—that they can "make a silk purse from a sow's ear," or breed a thoroughbred horse from a jackass.

I hope that your editorial will have the effect of waking up to a proper sense of his responsibilty the medical man of this country."

Medical Societies, Medical Ethics and Economics.

The County Society.

From a paper by Dr. C. S. Sheldon, of Madison, Wis., in the Wisconsin Med. Jour., May, 1912.

The medical society, as an organization, if we properly utilize it, if we properly use the power which organization gives us, is the most powerful agency in the promotion of higher standards of medical education—in the securing of better laws so far as the admission to practice in our States is concerned, and in a great many other ways where organization only can be effective. But in relation to this organization idea, we all know what a beneficent use, what inestimable value we can secure from our county medical societies, if we only make use of them as we should. We are in our various counties often widely separated, perhaps where we need one another's help; where our standing in the community depends very largely upon the estimate which we make of each other; where our self-interest, as well as every professional consideration, would lead us to work together, to be of assistance to one another in a thousand ways, and it seems to me that this medical society spirits will further every opportunity and every movement of that sort, and we cannot overestimate the importance to us personally of cultivating such a spirit.

Extracts from an address by President Mauldin, of the Greenville County (S. C.) Medical Society:

The youngest man in this society can tell the oldest something worth while that the oldest doesn't know, and I am sure that the oldest on account of his accumulated rich experiences can tell the youngest man many things that he doesn't know and each member can tell every other member something of value that should be of common value to all. It it not right that we should have the benefit of this knowledge in common? Is not this the best way for medical science to advance? My answer is an emphatic "Yes," and in substantiation of this assertion I wish to tell you that medical science has seen six thousand years of history and during the past one hundred years it has made more progress than in all the 5,900 previous years. This is a startling fact, but history proves its unalterable truth. The progressive advancement of recent years is attributable to the co-operative diffusion of knowledge by scientific men the world over.

Quoting from Hamlet, "There is more in heaven and earth, Horatio, than are dreamt of in our philosophy." The thought is applicable to medical men in the present day and induces a thought I wish to apply to ourselves. "There is yet more to be learned in medicine and surgery than we have ever dreamed of." We are only in the beginning of our discoveries and inventions pertaining to medicine and surgery and it is up to Greenville county physicians to do their share in promoting scientific knowledge, elevating the medical profession and in devising means for the relief of suffering humanity.

Join Your County Medical Society.

The President of the South Carolina Medical Society says:

By joining your county society, you thereby become a member of the State Medical Association, and then you are immediately eligible for membership in that greatest and most influential of all scientific organizations of the world, the American Medical Association; and by joining that, you become an active and integral part of the magnificent work that great body of modern doctors is doing in this country—not only bettering the condition of every physician who is a member of it, but also freeing a suffering public from fakes and frauds, and impure drugs and foods, which have heretofore flourished and despoiled the people's health and happiness through our previous lack of organization and co-operation. * * *

Every distinguished physician and surgeon in this country is an association member. Almost all of the best and brainiest men in the profession are association members, mixing and co-operating with their colleagues. Look about you, in your own county, in neighboring counties, in the State, in the nation, and realize for yourself if this is not true. Do you think this is an accident? Not a bit of it. Association members grow through association and co-operation, and by their growth attract others to their ranks, who. perforce, and often unconsciously, themselves must grow. And so the greatest of all professions is made greater still, and still its laurels multiply, waiting to be plucked and worn by every worthy member that gains admission to its ranks.

Reach out and participate in the great work of a great profession. Make up your mind to join your County Medical Society, if you are

not already a member, or to get reinstatement if you have resigned, and so lend your aid and influence, which is earnestly desired by your colleagues, to the further upbuilding of the inspiring cause of medicine, at the same time reaping the benefits which such co-operation cannot, and will not, fail to accord to you.

By Dr. Mina B. Glasier, of Bloomington, Wis.

The lack of respect and confidence in a physician among the laity in a community is often due to the attitude of the members of the profession toward one another. When we can realize that ours is a God-given mission, to heal the broken body and point the erring one to a purer and higher life; that we are indeed brethren in heart and purpose, working together for the betterment and healing of all who come under our care, with no thought of greed and no plan for graft; when healing and the almighty dollar are not weighed in the same balances, but the scales are heaped and running over with the fruits of charity for all, faith in human nature, and courage to go forward over the rough places, as well as over those smoothed by loving hands; all well saturated with the "milk of human kindness," then will there be no need of a Code of Medical Ethics, to insure just and righteous treatment and honesty of purpose, both among members of the profession and their patients; for you "cannot make men good-by laws, you can only restrain them from doing anything very bad."

When the Creator said, "I will make man in Mine own image," it implied that the highest round in creation's ladder had been reached. How many of us have retained the position given to us by the Creator? If we would but remain "in His image," going about doing works of charity, love and usefulness—the fruits of fraternalism,—eliminating jealousy, envy, spite, hatred, backbiting and selfishness, then would we be entitled to the respect and confidence of the community, and indeed we might believe that the millenium had come. Then, "let us do all the good we can, in every way we can, in every place we can, for we pass this way but once."

Extracts from a paper by the late Dr. John B. Donaldson of Canonsburg, Pa.:

Have you ever lived in a community of doctors where there was no fear of the other man taking your patient? Where if you needed assistance, were sick or absent, your work would be done for you and no advantage taken? Where every word spoken was fair, behind your back as well as before your face? I have, and if you are not so situated, it is to a great degree your fault. If you sow deceit, backbiting and bickerings, you can not expect to reap sunshine and gladness. Let us one and all with clasped hands pledge ourselves that we will do whatsoever comes in our way to help a brother, whether he asks it or not, whether he deserves it or not, living clean wholesome lives, above reproach, and when that day shall come, for come it will and soon to some of us, when we will solve the mystery of the great beyond, and pass,

"To that mysterious realm where each shall take
His chamber in the silent halls of death,
Thou go not, like the quarry-slave at night,
Scourged to his dungeon, but sustained and soothed
By an unfaltering trust, approach thy grave.
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams."

(These words ought to impress us coming from the recent president of the Medical Society of the State of Pennsylvania who for many years was one of the most active and successful county society secretaries, who lived in the spirit of the words he spoke in the above extract and died "sustained and soothed by an unfaltering trust."—Editor.)

Dr. Beverley Robinson, New York, in a communication to the New York State Jour. of Medicine, says:

"I agree thoroughly with Dr. Charles Haase, of Elmira, that 'when we perform conscientious and thorough work, our patients who are able should pay us a just fee.'

"On the other hand, and from the point of view of what, to me, is highest and best, work of the physician in this world, should be done irrespective of pecuniary reward. Of course, I understand, as well as anyone, that very few physicians are independent of their professional income and have house rent to pay and often families to support.

"Nevertheless, I regret it is so, as I regret any preacher of Christ's gospel is compelled to get a salary from his parishioners."

Physicians Providing for Their Families.

In the light of the constantly recurring cataclysms which destroy at one blow countless human beings, it is well to pause and take thought of the daily loss of life not fraught with dramatic possibilities nor sodden with the aggregate of pathetic tears. In the midst of life it is but foresight to think of death.

With the present high cost of living, with the fierce competition which exists in the medical profession, the standard income of the practitioner does not permit him to lay aside large funds for the rainy day. All too many physicians die leaving their families unprotected and dependent in large measure upon assistance which may be secured from family, friends, or through the activity of the survivors if still possessing sufficient strength and ability.

The urging of life insurance upon physicians would seem to be unnecessary, and yet there is every reason why a surgeon, above all, should adequately protect his family against the distressing results of his demise. With the death of the physician, all income stops. But a small proportion of the accounts still kept on the books are collectable. The legal obstacles of proving services rendered prevents the successful collection of bills protested. The business man dying leaves behind him an established business, and even though the business should be wound up, there are bills collectable and assets in the form of the business itself.

If every physician would regard his annual income or an average of his income for five

years as a legitimate return from a theoretic capital in order to provide a small income for his family after his death, he would be obliged to carry insurance for at least ten times the amount of his average annual income. In the industrial worlds, there are benefit societies, factory and shop organizations, trade unions, fraternal orders, lodges and the special types of benevolent associations which attempt to meet this period of stress for the industrial worker.

The mutual associations for physicians attempt in part to give physicians an opportunity to help each other to a small amount of insurance. It is essential for physicians to think of their families in the light of their condition after the grim Reaper has made his call. It is not alone the promoting of thrift, the encouragement of saving, but there is also the providing against the incubus of debt and the struggle for existence which no father desires to contemplate as a factor in lessening the standard of living of his home when he is no longer there to provide for it. The provision for the physical care and the education of the children is a responsibility as fully resting upon the father physician dead, as if he were still living.

Physicians without number are constantly examining for insurance companies, and wise is the man who uses a portion of his income from this source for immediate return back to some company in the shape of premiums. A good provider provides for the future; the present takes care of itself. Dr. Ira S. Wile, in Amer. Jour. of Surg.

Editorials from Medical Journals.

Optimism.

From South Carolina Med. Jour.

As a profession we are undoubtedly inclined to view everything from a purely materialistic viewpoint, but in actual deeds we are probably the most optimistic profession that exists. Our theories of life are pessimistic in the extreme from the viewpoint of the theorists, but our real lives are exactly the opposite. No matter how many times we see cases get beyond us and die, the next case of that sort which comes up is met and fought over with the same buoyant hope of success with which we met the others. No matter how many patients try to deceive us, we go along smiling and say to ourselves: "Oh, well, they can't help these quirks in their characters." No matter how many men and women who are deeply in our debt betray our confidence, we trust that the next will do better and cheerfully tender our services without first asking a guarantee of our pay. We are hopeless optimists.

With every reason for losing faith in human nature, we continue hoping, trusting to find gratitude instead of selfishness. And from time to time when we least expect it we get some delightful surprise from some one whom we had given up as being wholely lacking in appreciation. For the sake of these three or four righteous ones we continue to preserve the city of our faith. At times when we see people who owe us large sums spending their money for unneeded luxuries, or find some one who owes his life to our ministrations maligning us, our faith is shaken, but ere long we forget all that and go on being optimistic. Were it not for this optimism we would, indeed, be in a deplorable condition.

The Doctor in Politics.

From the Delaware State Med. Jour., September, 1912.

The opportunities of the physician to get into politics and hold public office are perhaps greater than that of any other man. He comes in most intimate contact with a large number of people representing all sorts and conditions. If successful in practice, he is generally very popular, and his frequent opportunities to do favors to John, Smith and Harry tend to increase his popularity. The families to whom he has endeared himself by services extending through several years, and often through two generations, soon regard him as their own, and take particular pride in his advancement. "Call my doctor," or "why don't you see my doctor," are frequent expressions among people of the lower classes. He becomes, as it were, a member of many families, and if he runs for a public office there is a personal element injected into the campaign which is hard to defeat. The women take a hand in it and help to elect "their" doctor, who has stood by them through the agonies of childbirth, who "pulled" their Jimmies through attacks of measles and scarlet fever, and diphtheria and what not. Many of the voters, sometimes hundreds of them, have known this doctor from the time they could known anybody. He has quieted their colic and he has physicked them and he has sweated them, and, later in life, has helped them in their troubles. No wonder, then, that a popular doctor finds no difficulty in defeating his opponent for such offices as Mayor, Representative or Senator. Once in office, a strange thing happens. Instead of bringing in with him the traditions of his profession, the special knowledge of public requirements, the intelligent appreciation of the needs of public health, the high-mindedness and broadness of an intelligent citizen,—in short, instead of representing the highest ideals of his profession, he leaves the doctor behind and enters as a mere politician, not a bit different from the other politicians who infest our public offices and who have made our municipal government a by-word of shame and reproach. One would imagine that any administration with a doctor at the head would be distinguished by some distinct efforts at improving the public weal but, no! doctor-mayors and doctor-representatives, and doctor-congressman have come and have gone without ever a ripple on the surface. We see from time to time doctors in public office in various municipalities in this country. Is the public particularly benefited by their administration? Is their record different from that of any ordinary politician? No, in some cases it is not as good. With few happy exceptions, they conduct their office along the same old party lines; they make their appointments in the same old way of political expediency; they advocate no laws looking toward the improvement of public health; they remain silent and indifferent on vital public questions and they go into obscurity like a meteor that swiftly passes the horizon with a flash and tra

of light,—and then total darkness. Some doctors, it is true, have remained in the political arena, but only as politicians, not because of their superior qualifications.

What a pity! Here is an opportunity to represent the medical profession, to deliver a message to the people from the doctors; to show them the interest the doctors are taking in their welfare,—and instead just an ordinary everyday politician!

The Beginning of the End.

From the A. M. A. Journal, Sept. 14th.

F. L. Dunlap—better known to the public as "Me-Too Dunlap"—has resigned from his position in the Buerau of Chemistry to take a commercial position at a higher salary than the Government paid him. Dunlap, it will be remembered, was the plastic gentleman who took advantage of his chief's absence from Washington to prefer charges against him in the sensational attempt of the "interests" to oust Dr. Wiley from the Department of Agriculture. How trivial and unfounded the charges were is now history. The American public is to be congratulated on Dunlap's resignation. We trust that it marks the beginning of the end of a regime that has made effective work in the Bureau of Chemistry impossible. When McCabe, the self-confessed tamperer with official documents, and Wilson, the well-meaning but superannuated department head, also feel the spirit of resignation moving within them, a nationwide sigh of relief will go up from those who have suffered from the comparatively unfettered machinations of the food-dopers, "patent-medicine" fakers and drug adulterators.

Medical Advice From the Optician.

From the Texas State. Jour. of Medicine.

The American Optical Association recently met in Chicago. According to the press reports of that meeting, there were a number of papers read bearing on the cause and treatment of diseased conditions of the eye and the health generally. As was predicted in the beginning, refracting opticians are not content to do simple refracting and deal in the mathematical problems which they so loudly claimed they intended only to do, but they are now considering the intimate relationship of the eye and the entire system, and assume to pose as authorities on these subjects. It is clear that the trained and competent physician alone is qualified to pass on such questions and on that ground primarily we oppose licensing the optician, or even allowing him to refract the eye. It is also quite clear that the refracting optician intends to assume jurisdicton over the eye and its ills, whether or not the lens is a pill, following the many ramifications to their ultimate end, wherever that may be. The public, unthinkingly, will readily accede to such high-handed assumption, as evidenced by the newspaper reports of the meeting above referred to.

The following, clipped at random from one of the big Chicago dailies, substantiates our contention. Please note the advice of the "ad" expert to a profession:

"'Give the eye gymnasium exercises. Use dumbbells and other gymnastic paraphernalia and you will relieve many irregularities and troubles of the eye.' This principle was advanced by Prof. J. C. Eberhardt of Dayton, O., in an address at the annual convention in Hotel La Salle of the American Optical Association. He spoke of the late Joseph Pulitzer, newspaper publisher and philanthropist. 'Mr. Pulitzer went blind through the lack of blood to nourish the eye,' he said.

"'The eye starves from lack of blood nourishment,' said Prof. Eberhardt. 'As soon as there is not sufficient blood going into the optic faculties then the many impediments of sight begin—blindness, blurred vision and other failings.' Muscular exercises will pump blood into the head and subsequently into the eye and prevent the starvation process.'

"Wallace W. Page, of Geneva, N. Y., 'ad' expert and author, gave the convention much crisp advice on quantity and quality of newspaper advertising. 'Persistence in your advertising will win business for you,' he said."

Fashion vs. Health.

From the Publishers' Viewpoint in Monthly Cyclopedia and Medical Bulletin.

A certain prophet who lived many centuries ago, named Jeremiah, found a great deal of fault with nearly everything, but there was no special occasion for him at that time to make any comments on woman's apparel. He was therefore spared a great strain.

Just why beauty and hygiene should be so antagonistic to each other is hard to say, but as a rule the thing which is fashionable is the least desirable from the health standpoint. When it comes to the question of health on the one side and appearance on the other, a large number of people of both sexes unhesitatingly give health the go-by.

The price of cotton a few years ago suddenly went very high and has remained at an abnormally high figure ever since. It takes a fairly good grade of cotton to make hosiery, so the manufacturer with great cunning and shrewdness devised the present transparent style of men's and women's hose. Only a very small amount of raw material is necessary to make a pair of stockings that will bring just as much money in the market—perhaps more—than the former style containing two or three times as much raw material.

Except in the extreme warm weather, there is no doubt but that this extremely thin hosiery is prejudicial to health, and common sense teaches that fact plainly enough, so that most anyone must recognize it. Nevertheless, at all seasons of the year there is a good deal of very light hosiery worn, showing that appearance wins out as against that which common sense will dictate.

All the woolen mills are turning out much lighter weight cloths for the tailoring trade. People are reluctant to pay the increased price; so the manufacturer cunningly devises the lighter weaves. It can thus be seen that organized business is, after all, responsible for the prevailing methods of dress, which cannot fail to be detrimental to the public health.

A French surgeon has provided a man with the stomach of an ape. We'd hate to have anybody monkeying around us like that.—Bayonne Daily Times.

Editorials from the Lay Press.

A Serious Menace to the Medical Profession.

From the New York Sun, September 21.

"The absence of cooperation among physicians in the promotion of their interests is a matter of frequent observation. It is therefore gratifying to record an instance exemplifying the recognition of a danger menacing both the public and the profession, and the action taken by at least one organization to meet it.

"The State Medical Association of Missouri has adopted a resolution which pronounces it 'derogatory to the best interests of members to publish articles in medical journals whose advertising pages contain fraudulent or questionable advertisements.' The lay reader cannot realize the importance of this enactment, not for the doctor alone but also for the interests of the public, which is the unsuspecting victim and the greatest sufferer from the abuses this resolution is aimed to correct, the prescription of secret nostrums and other proprietary drugs by physicians. It is not generally known that there are numerous drugs which have never been shown to possess the slightest palliative, much less curative, properties, but which by reason of skilful and persistent advertising have come to be credited with more or less valuable properties; and there are other drugs more or less efficient as palliatives, the manufacture of which is secret, which are exploited under various designations, names or devices. Some persons say they have been benefited, others that they have been actually cured by these secret nostrums; just as many declare they have obtained similar benefit from all kinds of treatment, magnetic cures, healers, masseurs.

"The Journal of the American Medical Association has for some time bravely urged the importance of checking the use of these nostrums which have unfortunately become popular among doctors who are incapable or too indolent to devise their own formulas. And they are encouraged, indeed actually taught, in their uses by certain medical journals of otherwise good repute, which thrive on large incomes from the advertisements of the manufacturers. It is so much easier to write a prescription for X's Nerve Tonic than even to write the ingredients of which it pretends to be composed and the properties of which are well known. Worse than this is the prescribing of preparations for the composition of which and their curative value the physician must trust to the manufacturer, whose chief interest lies in their financial success. The ingredients if stated are not mentioned in the text-books on drugs. A glib tongued agent calls at the doctor's office, thrusts on him samples and so-called literature, laudatory and alluring by titled names of which he has never heard. The headache medicine, for instance, is prescribed; it alleviates probably because it contains a coal-tar preparation. Instead of prescribing the latter himself he gives the next patient this nostrum. The result is that on the next similar occasion the patient buys the nostrum from the druggist without visiting the doctor; not rarely he recommends it to others. The druggist alone reaps the benefit, while the doctor and the patient suffer losses they little suspect.

"The credulity of the unthinking doctor is not a whit beneath that of the misguided layman but it is far more contemptible. For this reason the public needs to be warned against doctors who prescribe drug preparations bearing some definite name or title rather than a regular prescription. There never was a time when drugs were so universally and freely used by lay persons, and the chief reason may be found in the recklessness with which named proprietary medicines not mentioned in the text-books are prescribed by doctors. The Latin prescription, though antiquated, is at least not so easily duplicated.

"If respectable medical journals would refuse advertisements to secret or semi-secret nostrums they would not be used by physicians. Since these medical journals derive their principal revenue from advertisements, it is not in human—commercial—nature to adopt this suicidal course. The remedy lies in the adoption of the course pointed out above by the lay public and the unwavering disciplining of physicians who lend their influence by publishing articles in these journals which carry advertisements of nostrums. The American Medical Association owes it to the medical profession, the best types of which it represents, to emulate the action of the Missouri Medical Association and thus protect the professional interests which are seriously menaced and also protect the public against indolent and ignorant doctors."

Diagnosing the Doctor.

Extracts from an editorial in the St. Louis Republic:

Collier's Weekly, a great medical authority, says that the new coalition expended about $25,000 to defeat the legislative plans of scientific medicine at the last session of Congress. The antiaccinationists, the faith-curists, the bone-doctors, the rubbing-doctors and all are hot on the trail. And they are strong enough at the present time to defeat any legislation which the so-called "Doctors' Trust" may wish to see enacted.

The American people, however, are far from turning their backs on the old family doctor. They have diagnosed his case and they are for him. There is a pretty well-defined opinion that medical attention is usually worth all it costs. No other professional or laboring man will come at your beck and call as the doctor does. The plumber says that he will be there next week, the paperhanger will come when he gets ready, and your lawyer asks you to come to his office or wait until to-morrow. But the doctor comes every time, and when he does come he is just as likely to bring the stork with him as anything else. What though his pellets be but bread and cheese, his powders naught but ineffective dust, they are worth the money. If you doubt it, go and hire a lawyer, or a cook, or an undertaker, and compare the returns on the investment.

The history of medicine is a history of sacrifice for the good of man. The physician encounters more hopeless misery and unutterable woe than all the other trades and professions combined. You will find him everywhere; now among his star patients, who really pay him what they owe; now doing a thankless job of surgery in some public hospital, or bending

over the form of some lone woman dying in a garret; but through the gloom and sorrow, in the path of pain and the way of death, his urbanity is never lost and his patience, like the celestial virtue, endureth forever He may not be a saint. Oftener than otherwise he professes no creed; but when he enters the sick-room one may almost hear the sad, sweet words, grown mellow in the echoes of two thousand years: "In the world ye shall have tribulation; but be of good cheer; I have overcome the world."

Therapeutic Notes.

Asthma—Adrenalin in Treatment of.

Dr. E. Tranquili has used adrenalin in the treatment of spasmodic asthma with the following results: In 24 per cent. of the cases of essential asthma it had no effect; in asthma due to renal or cardiac disease it has no appreciable value; in reflex asthma it has a favorable effect whether used locally in the nasal mucosa or administered by the stomach or rectum or hypodermically. In one case preceded by gastric symptoms when adrenalin was administered by the stomach or rectum it had an abortive action, but by hypodermic injection it had no effect. If we desire to quickly stop an attack of asthma morphine is to be preferred to adrenalin. But the latter is preferable to nitrite of amyl, though less active than inhalations of chloroform or pyridin. When asthma is accompanied by cardiac dilatation adrenalin and oxygen, together with cold applications over the heart, are effective in stopping the suffering. Regulation of the diet and the administration of iodides between the attacks favor the action of adrenalin.—Gazzetto Medica di Roma.

Alopecia Areata—Treatment of.

In alopecia of the scalp in children the hair should be kept very short in order to facilitate treatment as well as the discovery of new patches. In adults, however, who are particularly anxious to conceal the affection, the hair may be left long.

The entire scalp should be washed weekly with tar soap. Every day the following stimulating preparation should be rubbed in, in order to tone up the scalp and cause it to resist further progress of the affection:—

℞ Aquæ ammoniæ, gr. lxxv.
Olei terebinthinæ rectificati, f℥v.
Spiritus camphoræ, f℥v.
M. et ft. lotio.

Where, as is often the case, seborrheic lesions are simultaneously present, the following ointment may be used:—

℞ Balsami Peruviani, gr. xv.
Sulphuris præcipitati, gr. xxx.
Olei cadini, m lxxv.
Olei amygdalæ expressi, ʒvi.
Olei theobromatis, ʒiiss.
M. et ft. unguentum.
C. Sabatie in Progres medical, June 29,.

Cystitis and Urinary Antiseptics.

In an article on this subject Campbell Williams, F.R.C.S., Eng., Lancet, May 18, 1912, states that hexamethylentetramin and allied drugs are frequently prescribed in bacilluric cystitis and in the early stages of gonorrhea. A favorite mixture with him is one containing helmitol 5 grains, potas. citrat, 20 grains, fluide-extract, tritici repent, 1 dram, syr. aurant. ½ dram, and aq. carui, to make 4 drams; this dose to be taken in an equal amount of water, three or four times daily, the last at bedtime.

Catarrh—Nasal.

According to the Prescriber, the following prescription has a marvelous effect in cutting short a "cold in the head."

Sodium salicylate, ʒj,
Comp. tincture cinchona,
Aromatic spirits of ammonia,
Camph. tincture of opium,
Tincture of ginger, aa, ʒij,
Chloroform water, ad. ℥vi,

One tablespoonful in water three or four times a day.

Dysentery.

Iodoformi, gr. xv.
Ac. Tannici, gr. xx.
Sodii Chloridi, gr. xlv
Amyli, ʒiij.
Aquæ, oj.

Prepare lege artis in the form of a mucilage and add Tinct. Opii deodorati M. xxiv.

Inject into the bowel, to be retained for about 15 minutes.—Critic and Guide.

Eczema.

Dr. Fellows claims that the following will give immediate relief and cure all forms of eczema:—

℞ Lac. sulphuris, ʒij.
Zinci oxidi, ʒj.
Ichthyoli, ʒss.
Mentholis, gr. xxx.
Petrolati, ℥iv.
M. Sig.: Thoroughly rub in each night after washing with sulphur soap or some germicidal soap.—Charlotte Medical Journal.

Facial Neuralgia.

A solution of the following formula is efficacious, if rubbed in well:—

℞ Camphorated alcohol, Gm. 50.
Extract of cannabis indica, Gm. 5.
Ether, Gm. 10.
Oil of mint, Gm. 5.
M. et ft. sol.—Bull. gen. de therap.

Gums—Bleeding and Tender.

Nothing so good in gingivitis as touching the gums with aromatic sulphuric acid or tincture of myrrh. Put a bit of cotton on a toothpick, dip into either preparation and apply firmly to every part of the gum. Then as a regular daily wash use the following:

Thymol, gr. v.
Ac. benzoici, gr. xxx.
Ol. menthæ, pip., mx.
Alcoholis, ʒij.

Half teaspoonful to half glass of water for brushing the teeth and gargling the mouth—Critic and Guide.

Hemorrhoids—Two Efficient Applications in.

In the New York Medical Journal for July 6, Dr. Wm. J. Robinson recommends the following two prepartaions as very efficient:

I.

℞ Pulveris gallæ, ʒi;
Zinci oxidi, ʒi;
Hydrargyri chloridi mitis, ʒss;
Bismuthi subnitratis, ʒi;
Cocainae hydrochloridi, gr. v;
Unguenti aquæ rosæ, ℥i.

II.

℞ Pulveris gallæ, grs. v;
Zinci oxidi, grs. v;
Morphinæ sulphatis, gr. ¼;
Cocainæ hydrochloridi, gr. i;
Atropinæ sulphatis, gr. 1/60;
Olei theobromæ, grs. xxv;
M. Fiat suppositorium No. 1. Da tales doses No. xxiv.

In external piles the ointment is used, well smeared in, within and around the anus, and protected with a piece of cotton partially inserted therein. In internal piles the suppositories are used. Sometimes both are required. The suppositories are used once or twice, the ointment three times a day.

That the anus is to be kept thoroughly clean, that constipation is to be avoided goes without saying. Injections several times a day of four to six ounces of cold water within the rectum aid the treatment materially. Dr. Robinson states that the old fashioned powdered nutgall is the best astringent in cases of hemorrhoids. Neither tannic acid nor gallic acid, and still less any of the mineral astringents can take its place.

Laryngitis—Atrophic.

℞ Benzoate of sodium, Gm. 8.
Bromide or iodide of strontium.
Glycerin, of each, Gm. 4.
Tincture eucalyptus, Gm. 10.
Distilled water, Gm. 450.
M. et ft. sol.

Spray with this two or three times a day.—Moure, in Bull. gen. de therap.

Oxaluria.

The following has been found useful where there is anemia and nervous atony:—

℞ Acidi hydrochloridi dil., f℥ss.
Tr. ferri chloridi, ʒij.
Syr. simplicis, f℥iiss.
Aquæ, q. s. ad f℥viij.
M. Sig.: Tablespoonful three times a day through a glass tube. (Hazard, in Med. Fortnightly.)

Pharyngitis—Chronic.

The dryness of the mucous membrane in chronic pharyngitis is relieved by using the following in a spray-producer:—

℞ Olei eucalypti, ʒij.
Olei cassiæ,
Olei gaultheriæ, of each, m xl.
Menthol, gr. xl.
Paraffini liquidi, ℥iv.—Practitioner.

Pruritus Ani and Vulvae.

Dr. C. E. Campbell in the British Medical Journal, reports two cases of protracted pruritus completely cured by the administration of urotropin (10 grs. three times daily) internally. He claims to have obtained the same happy result in other cases.

There is a special danger in old age from the routine practice of giving hypnotics for insomnia. The aged frequently complain that they cannot sleep more than a few hours at night. In most instances this is not true insomnia, however, for while the individual does not sleep more than a few hours at night, he dozes off frequently during the day, takes a nap after meals, and on the whole he gets more sleep than he requires. Often his naps and dozes last for hours, although he imagines that he slept but a few minutes. Hypnotics are frequently prescribed in these cases, when, in fact, they are unnecessary.—Dr. I. L. Nascher, Amer. Jour. of Clinical Med.

Any menstrual irregularity or abnormality in a woman who has hitherto been perfectly regular and normal in her menstrual periods, should always suggest the possibility of an ectopic pregnancy.—Amer. Jour. Surg.

Medico-Legal Items.

A Doctor of Medicine Convicted of Complicity in the Illegal Practice of Medicine.

A court in Paris, France, condemned a doctor of medicine attached to a fake institute to pay $40 (200 francs) fine for illegal practice of medicine. Since October, 1910, this physician has been employed by the establishment in question for $50 (250 francs) a month. The doctor testified that he did not sign the letters in regard to treatment and that his part was limited to indicating to patients by letter whether or not the treatment was indicated in their cases, and sometimes giving an opinion on the diagnosis. The court declared that it was evident that a physician under such conditions could only recommend the treatment when consulted. He did not practice medicine freely according to proper examination and control. He renounced his character of physician in order to recommend the treatment which was the object of the establishment to which he was attached. In short, he was there merely to facilitate the illegal practice of medicine.

Employment of Physician by County—Physician Cannot Delegate Duties Under Contract.

A physician who had treated members of a poor family unable to pay for further treatment, informed the town member of the board of supervisors, who told him to continue the treatment, and the supervisor would present the physician's bill to the board. The treatment was continued. The town board of health moved to certify the bill to the board of supervisors, which refused payment. This was held to suf-

ficiently show that the person treated was an indigent person. Whether she was or not, the physician was legally employed, and entitled to recover from the county.

It was also held that a physician who has a contract with a health board to treat certain poor persons cannot hire another physician to do the actual work, and then collect from the county for such other physician's services. But where the contracting physician has furnished medicines of an unusual character for an unusual disease, he is entitled to recover therefor, though they were administered by another physician employed by him, who performed the actual treatment.—Chapman v. Board of Supervisors, Michigan Supreme Court, 134 N. W. 1025.

Insurance Company Bound by Acts of its Examiner.

An applicant for life insurance stated, in reply to a question in his medical examination, as to whether he had ever before applied and been rejected by any other company, that he had made such an application, but had not, as yet, heard the result. The medical examiner wrote in the space reserved for his answer the word "no." The applicant did not read the report when he signed it. t was held that the applicant was not bound by the answer, the medical examiner being the agent of the company and not of the applicant; the company was estopped by the action of its agent, which was the act of the company, to assert the falsity of the answer, as written, as a defence.—Supreme Lodge vs. Jones, Texas Court of Civil Appeals, 143 S. W. 247.

Testamentary Capacity—Death-Bed Will.

In a will contest where the will was made while the testator was on his deathbed in a hospital after he had been told by the physician in attendance on him that he was about to die, the subscribing witness to the will testified that the testator was at times stupid and at other times his mind seemed to wander, and that when not aroused he paid but little attention to his surroundings, but when aroused he was rational and fully understood what was going on around him, and that on the evening of the execution of the will he talked intelligently with his attorney as to the disposal of his property. It was held that this evidence was sufficient to show that the testator possessed testamentary capacity at the time he made his will, as he had apparently sufficient mental capacity to comprehend the nature and character of his property and the objects of his bounty, and the fact that he was suffering from disease and about to die at the time he executed the will would not avoid it.—McCoy v. Sheehy, Illinois Supreme Court, 96 N. E. 1069.

Hospitals and Sanatoria.

Hackensack Hospital.

An interesting, amusing and exciting ball game was played on the Ovatain field, Hyckensack, between the doctors and lawyers of the city, last month, for the benefit of the local hospital. Drs. D. St. John, Knox, Finke, Swayze, Van Dewater and White, were among the doctors taking part. A good sum of money was obtained for the hospital.

Mercer Hospital, Trenton.

Dr. Walter D. Green, Trenton, has been elected physician of the out-patient department of Mercer hospital by the Board of Managers.

Muhlenburgh Hospital, Plainfield.

Contracts have been awarded for the construction of several new buildings at this hospital, including a private pavilion, $50,575; a shelter, $568; obstetrical pavilion, $17,169; pathological laboratory, $3,670.

State Hospital—Dr. Evans Preaches.

Patients, employees and guests at the State Hospital for the Insane had a decided surprise yesterday when religious services were conducted in the chapel by Dr. Britton D. Evans, head of the medical department. He preached on the fourteenth chapter of the gospel of St. John, and later decided that in the absence of any of the preachers who alternately hold services at the hospital, he would himself occupy the pulpit.

Probably few of his friends and associates knew that before he studied medicine and received his medical 'egree in the College of Physicians and Surgeons in Baltimore, Dr. Evans was a licensed preacher on the eastern shore of Maryland and that he still holds his preacher's license.

St. Elizabeth's Hospital, Elizabeth.

This hospital observed Donation Day on Oct. 19th, and generous donations of fruit, vegetables and other groceries were received. The children of the parish schools were among the generous contributors.

St. Mary's Hospital, Orange.

The large additions to this hospital are nearly completed and will add considerably to the number of patients that can be cared for as well as to the better equipment of the hospital.

Morris County Tuberculosis Hospital.

Bids were received last month for the erection of the hospital building by the Board of Freeholders. The bids are below the amount appropriated so that it is believed that nothing will interfere with the award this time as there was twice before.

Drs. Henry A. Henriques, Morristown, E. A. Carpenter, Boonton, and Alexander J. Carroll, Dover, were appointed members of the Board of Managers, for one, two and three years respectively.

Bonnie Burn Sanatorium, Scotch Plains.

Drs. James S. Green, Elizabeth, and F. C. Ard and B. V. D. Hedges have been appointed consulting physicians for the Sanatorium.

The selection of housekeeper and nurses have been recently made by the Superintendent, Dr. J. E. Runnells. The institution will be ready for the reception of inmates early this month.

Hospitals and Their Respective Communities.

Dr. Eisenberg of New York, points out that the influence of a hospital on its surrounding community is beneficial in the broadest sense.

1. The presence of a hospital in any community furnishes prompt attention in all cases of accident or disease, especially to grave and ap-

parently fatal ones, that might otherwise be jeopardized by transmission to some more remote point.

2. The nearness of a hospital arouses more interest and sympathy in its administration and for those cared for in its wards. Especially is this the case when those on the board of management are selected from the citizens of the immediate community.

3. The proximity of a hospital with its continual needs of assistance appeals to the benevolent heart of a community and stimulates not only giving but benevolent work for its support.

4. The location of a hospital in any community wherein its presence has created benevolent interest accomplishes much toward effacing the hard-and-fast social and sectarian lines by unifying sentiment in one common purpose.

5. In all populous centers wherein a sufficient number of physicians and surgeons are found willing to support a hospital by their gratuitous services such association with the institution is highly beneficial to that community, because of a better feeling that is thus promoted among the medical staff of the institution.

6. The medical staff of such hospital, because of the accumulation of clinical material of great value, is being constantly trained and educated for better work in the homes of their private patients and, therefore, indirectly the community itself is benefited.

7. The great advance within the past twenty-five years in methods of prevention of disease and of the necessity of more scientific care of the sick and injured has rendered a school for training nurses an essential adjunct to a well managed hospital, therefore such institution, in preparing and furnishing trained nurses for service among the sick in their homes, confers a great benefit on a community.

What an Ideal Hospital Should Possess.

A properly managed hospital should have:

1. A continuous service in the various departments, each being under the charge of a chief with as many associates or assistants as he may desire. The three months' service is unsatisfactory because it divides responsibility and prevents continuation of observation and study. On the other hand a continuous service will not only center responsibility but will develop at least one highly trained physican in charge of a given department. Thus, there should be a chief surgeon, who should not be in general practice, and who should do all of the free surgery of the hospital. His associates and assistants will, of course, be selected from among the doctors who show an inclination or aptitude for surgery. The chief of the medical department should be a man of considerable experience, diagnostic ability and an earnest student of medicine. The other departments should likewise be under the charge of specialists.

2. The hospital should have a paid pathologist and laboratory worker who might also be the anesthetist and Roentgenologist. The time is here when an expert anesthetist and X-ray man are as essential to a hospital as the surgeon, and the three functions may be well combined so as to be able to employ a physican who would devote his entire time to the hospital.

3. The private rooms should be available to every member of the County Medical Society in good standing; but no outsider should be permitted to perform surgical operations without special permission from the surgeon-in-chief. This latter clause is necessary to eliminate bungling amateur surgery.

4. The drug room should be under the charge of a pharmacist. We know that it will be a long time before our hospitals will have all these things, but we are sure that the time will come, and we shall then possess institutions of which the entire medical profession of the State will feel proud.

Married.

ALEXANDER—KLINE.—In Brooklyn, N. Y., Oct. 8th, 1912. Dr. Samuel Alexander, of Park Ridge, N. J., to Miss Francoise Kline, of Brooklyn.

COWELL—SHERK.—In Camden, N. J., Oct. 9th, 1912. Dr. Felden Sylvester Cowell, of Huntsdale, Pa., to Dr. Catherine Rebecca Sherk, daughter of Dr. Henry H. Sherk, of Camden, N. J.

WADE—MAWHA.—At Newark, N. J., Oct. 16, 1912, Dr. Simon Franklin Wade, of Elizabeth, to Miss Elsie R. Mawha, of Newark. Upon their return from their wedding tour, they will reside at 1139 Broad street, Newark.

Deaths.

ALPAUGH.—At High Bridge, N. J., August 13, 1912, Dr. William C. Alpaugh, aged 77 years. Dr. Alpaugh graduated from Bellevue Hospital Medical College in 1868, practiced for a few years at Cokesbury, then at High Bridge. Was for 25 years a member of the local Board of Health. Was also a member of the local Board of Education.

BRUCKNER.—In Newark, N. J., June 24, 1912, Dr. Charles Henry Bruckner, from peritonitis following a rupture of the gall-bladder. Aged 36 years.

Dr. Brueckner graduated from the College of Physicians and Surgeons, Baltimore, Md., in 1901 and practiced medicine in Newark thereafter.

CHAVANNE.—At Salem, N. J., October 16, 1912. Dr. Henry Chavanne, aged 65 years. Further notice will be given next month.

WHITMORE.—At the Monmouth Memorial Hospital, Long Branch, Dr. Walter S. Whitmore, of Oceanic, N. J., aged 65 years. Dr. Whitmore was born in New York City sixty-five years ago, studied at Columbia College and the New York University Medical College, graduating from the latter in 1887. He began practice in New York, but in a few years moved to Oceanic where he has since been engaged in practice extending over several miles, including Red Bank and other towns. He was a member of The Monmouth County Medical Society, and the Medical Society of New Jersey. He was also prominent in fraternal societies of New Jersey. He was operated upon for appendicitis. He is survived by a widow.

Personal Notes.

Dr. Frank C. Ard, Plainfield, has been appointed one of the consulting physicians of Bonnie Burn Sanatorium at Scotch Plains.

Dr. Edward A. Ayers, Branchville, has been appointed medical inspector of the schools of Frankford and Hampton townships.

Dr. J. Henry Buchanan, North Plainfield, represented Trenton Castle at the meeting of the Knights of the Golden Eagle at Baltimore last month.

Dr. J. Henry Clark, Newark, has returned from a three months' trip abroad.

Dr. Alfred Cramer, Jr., Camden, and family have returned from their cottage at Cape May.

Dr. Alexander Dallas, Pine Brook, expects to take a trip to California this month.

Dr. Joel Fithian, Camden, recently gave a talk on the prophylactic treatment of typhoid fever to the members of Battery B. Field Artillery, N. G.

Dr. James S. Green, Elizabeth, and Dr. B. V. D. Hedges, Plainfield, have been appointed consulting physicians of Bonnie Burn Sanatorium.

Dr. Emil Gamson, Bayonne, returned on the Germania, October 25, from a four month's stay abroad. He spent most of the time in Berlin and Vienna.

Dr. Bela G. Illes, New Brunswick, has recently recovered from a severe illness.

Dr. William I. Kelchner, Camden, has been appointed medical inspector of the Wildwood and Holly Beach schools.

Dr. Ernest Kaufman, Newark, has been visiting his mother at Rockaway.

Dr. John F. Leavitt, Camden, and family have returned from their cottage at Wildwood.

Dr. A. Lippincott, Haines, Camden, has sold his property and moved to his new home, corner of Fourth and Cooper streets.

Dr. William S. Long, Haddonfield, thought he heard a burglar to deal with one night recently, but on investigation found that the intruder was a neighbor's cow that had strayed and gotten into his yard.

Dr. John D. McGill, Jersey City, is convalescing from a severe illness.

Dr. Paul H. Markley, Camden, enjoyed a two weeks' fishing trip to Betterton, Md.

Dr. Alexander Marcy, Jr., Riverton, has recently returned from a trip to the far West.

Dr. Paul M. Mecray, Camden, and family spent the summer at Cape May.

Dr. Joseph L. Nicholson, Camden, and family, spent their vacation season in motoring to various sections of the State.

Dr. William R. Powell, Camden, and family passed the summer at their Wildwood cottage.

Dr. Bert A. Prager, Chatham, has been appointed police surgeon by the Common Council.

Dr. Horace L. Rose, Camden, has removed his residence to the corner of Seventh and State streets.

Dr. William H. Schmidt, Atlantic City, has been appointed physician to the poor of that city.

Dr. Mahlon C. Smalley, Gladstone, has recently recovered from a severe attack of inflammatory rheumatism.

Dr. Harry E. Shaw, Long Branch, and wife, returned home October 1st from their stay in Maine.

Dr. Ira T. Spencer, Woodbridge and wife attended the State Fair at Trenton, last month.

Dr. Harry A. Stout, Wenonah, and wife, spent a few days recently at Atlantic City.

Dr. Sidney A. Twinch, Newark, attended the annual meeting of the American Orthopedic Association at Atlantic City in June.

Dr. Harry Vaughan, Morristown, spoke at the Neptune High School, Ocean Grove, September 30th, on "The Eye Beautiful."

Dr. Frank H. Warncke, Elizabeth, is a member of the Union County Grand Jury.

Dr. C. Fredrick Webner, Newark, and wife sailed October 8th for Paris, expecting to remain abroad several weeks.

Dr. Thomas N. Gray, East Orange, attended the meeting of the Secretaries of the State Medical Societies, at Chicago, Ill., last month.

Dr. Harvey Vaughan, Morristown, read a paper before the Clinical Society of the N. Y. Post Graduate Medical School, Oct. 18th.

Dr. Samuel Barbash, Atlantic City, and Dr. W. B. Stewart have been appointed members of the Medical Board of Examiners, of the Y. M. C. A. gymnasium classes.

Dr. David A. Berner, Atlantic, is a member of the Atlantic County Grand Jury.

Dr. William J. Burd, Belvidere, and wife, spent a week in New York last month.

Dr. Eustace C. Butler, Caldwell, gave a "first aid talk" to the Boy Scouts of the First Presbyterian Church on Oct. 4th.

Dr. Thomas E. Dolan, Elizabeth, and wife, visited Trenton last month.

Dr. Thomas G. Dunlap, Atlantic City, and wife toured the White Mountains last month.

Dr. Alfred L. Ellis, Metuchen, has just removed to Plainfield, N. J., where he will hereafter practice.

Dr. George H. Franklin, Hightstown, was elected president of the Mercer County Sunday School Association last month.

Dr. Hyman I. Goldstein, Camden, has been appointed an assistant instructor of medicine at the University of Pennsylvania Hospital, in the medical department. He is a graduate of the University.

Dr. William R. Granger, Newark, recently saved a child four years old, who was suspended by the neck and was being strangled between a ladder and a plank in a house in course of construction. The doctor in passing heard the child's cries and went to his rescue in time to save him.

Dr. Harry M. Harman, Mayor of Frenchtown, was under treatment in the Jefferson Hospital, Philadelphia, for blood-poisoning, which necessited the amputation of a part of the thumb of his right hand.

Dr. H. Crittendon Harris, Glen Ridge, a member of the local Board of Education, urged close co-operation with the Board of Health and that the medical inspector report names of all unvaccinated pupils to the board.

Dr. George M. Lamont, Newark, and wife, have returned home from Spring Lake, where they spent the summer.

Dr. William H. Lawrence, Summit, has returned from his trip to Panama.

Dr. Richard C. Newton, Montclair, walked from Lakewood to Atlantic City one day last

month, a distance of 67 miles, and addressed the Y. M. C. A. there on "Good Health."

Dr. Edward J. Porteous, Atlantic City, is a member of the Atlantic County Grand Jury for the present term.

Dr. Stephen T. Quinn, Elizabeth, was toastmaster at the dinner of the Y. M. C. A. of St. Mary's parish, Oct. 10th.

Dr. Horace L. Rose, Camden, and wife, are receiving congratulations on the arrival of a baby boy in their home on Oct. 29th.

Dr. David St. John, Hackensack, and wife, recently returned home from a brief stay in the Adirondacks.

Dr. Frank C. Henry, Perth Amboy, has returned home from his farm, near Holmdel, where he spent the summer.

Dr. William J. Lamson, Summit, also Drs. Prout and Lawrence returned from their four weeks' trip to Panama and Costa Rico, on Oct. 8th.

Dr. Frank W. Pinneo, Newark, spent his summer vacation at Sunapee Lake and Mountain. In returning he visited Dartmouth College and Phillips Academy and Boston.

Dr. Briscoe B. Ranson, Maplewood, visited Harper's Ferry, Va., in October.

Dr. Walter Reynolds, Atlantic City, and wife spent two weeks last month in the Adirondack Mountains.

Dr. Sumner Shailer, Newark, and wife, returned home last month from Union, where they spent the summer.

Dr. Charles M. Williams, Washington, visited Lambertville last month in celebrating his daughter's birthday anniversary.

Dr. John G. Wilson, Perth Amboy, spent his summer vacation at New Brunswick, Nova Scotia.

Dr. Frederick W. Flagge, Rockaway, has been elected vice-chairman of the Morris County Mosquito Extermination Commission, which is planning for active work.

Dr. Samuel Korngut, Elizabeth, has removed to Amsterdam, N. Y. A banquet was given him by the Working Men's Building and Loan Association, Oct. 1st.

Dr. A. Haines Lippincott, Camden, has moved from Broadway to 406 Cooper street, where he will continue to practice.

Dr. Martin W. Reddan, and Dr. G. N. J. Sommer, Trenton, addressed meetings of the Mercer County Tuberculosis League on the evenings of Oct. 21 and 22 in the High School Auditorium, Trenton.

Roberts, Dr. Joseph E., Camden, and family have returned from their sojourn at Ocean City.

Marcy, Dr. Fred W., Camden, has moved into his new residence.

Weeks, Dr. David F., Skillman, read a paper before the First International Eugenics Congress, held July 24th, in London, England, on "The Inheritance of Epilepsy."

Kice, Dr. Henry W., Wharton, gave an illustrated lecture on the "Life of Napoleon Bonaparte" in the high school building at Wharton last month.

Dr. Louis K. Henschel, Greystone Park, is spending his vacation visiting Niagara Falls, the Great Lakes and Eastern Canada.

Dr. Frederick H. Thorne, Greystone Park, of staff of State Hospital, sailed Sept. 26, for Germany, to pursue studies in psycho- and neuropathology. He was accompanied by his wife.

Dr. Lucius F. Donohue, Bayonne, has returned home from his country seat in the Maine woods, where he spent three months.

Dr. G. H. McFadden, Hackensack, spent a few days last month at Altoona, Pa.

"This quail is finely prepared, dear!" said the young husband enthusiastically at table.

"Oh, I'm so glad!" returned his delighted wife. "I was afraid you would refuse to eat it, after all the trouble I had with it."

"Refuse to eat it? Nonsense! But what trouble did you have with it, dear?"

"Well, when I was sliding it out of the oven it slipped and went into the coal scuttle, and then I had to chase Towser over into the next yard before I could snatch it out of his mouth!" —National Magazine.

Book Reviews.

THE MOSQUITO. ITS RELATION TO DISEASE and Its Extermination. By Alvah H. Doty formerly Health Officer of the Port of New York. Illustrated. New York and London, D. Appleton & Co., 1912.

This little book contains much practical information concerning the mosquito and its extermination.

THE PRACTICAL MEDICINE SERIES, COMPRISing ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate School, and Charles L. Mix, A.M., M.D., Professor of Physical Diagnosis, Northwestern Medical School. Vol. V. Obstetrics. Edited by Frank Billings, M.S., M.D., and J. H. Salisbury, M.D. Series 1912. Chicago, The Year Book Publishers. 180 North Dearborn street.

SEX HYGIENE FOR THE MALE AND WHAT TO Say to the Boy. By G. Frank Lydston, M. D., Professor Surgical Diseases of the Genito-Urinary Organs and Syphilology, Med. Dept. State Univ. Ills., etc., etc. Illustrated. Chicago. The Riverton Press. 1912.

This book is not intended for very young boys, but for those in the high schools and also for young men and for the guidance of those who should instruct them on sexual hygiene. We all know that boys learn much, but a great deal of it is vicious information. This work will aid in imparting the information which all maturing boys should have and help to prevent the erroneous and degrading ideas so often instilled into the youthful mind.

THE CHEMIC PROBLEM IN NUTRITION MAGNESIUM Infiltration). A Sketch of the Causative Factors in Disorders of Nutrition as Related to Diseases of the Nervous System By John Aulde, M. D. Cloth, 8vo, gilt top pp. xvi, 410; 4 plate illustrations. Philadelphia, 1912, Price, $3.00, post-paid.

The author presents many of the views of Metchnicoff and considers it of prime importance that alkalescence is inimical to bacteria invasion. In his summary he states that alkales-

nce (1) promotes leucocytosis; (2) increases ti-bacterial properties of the blood; (3) di-inishes germ multiplication; (4) favors pro-ction of "defensive proteids"; (5) augments llular activity—meaning greater supply; (6) ssens bacterial virulence. He considers the ief cause of degenerative disease the pres-ce in the blood of magnesium salts in excess d the problem in nutrition is to (1) restore e digestive capacity; (2) neutralize acid ex-ss; (3) promote magnesium dissociation. hether we agree with the author in the the-y of degeneration we must agree with him at chemic deviations due to improper foods use malnutrition of various parts of the or-nism with a consequent impairment of func-on. Many of his suggestions for the relief these disturbances are most judicious and fective. The book deserves careful reading d thought.

EDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
abama, July	115	56	59
rkansas, May	94	73	21
olorado, July	27	24	3
inois, June	212	158	54
wa, June	47	47	0
aine, July	52	44	8
ichigan, May	46	44	2
ichigan, June,	102	100	2
issouri, June	186	158	28
ebraska, August	15	12	3
ew Hampshire, July	16	11	5
ew Mexico, July	1	0	1
orto Rico	8	8	0
irginia, June	116	89	27

mber of Medical College Students Decreaing

The number of students in medical colleges in e United States has been steadily decreasing nce 1903. In 1904 there were 28,142 students, d in 1912 there were 18,412, the smallest num-r in twenty years, according to the annual re-rt of the Council of Medical Education hich appears in The Journal of the American edical Association. The total number of grad-tes in medicine in 1912 was 4,483, an increase 210 over 1911, of 43 over 1910, but a decrease 32 when comapred with 1909, and of 1,264 en compared with 1904. Of these graduates, 06 were from regular schools, 185 from hom-pathic, and 92 from eclectic schools.

Considerable decrease is found among women udents. In 1904 there were 1,129 women udying medicine. Last year there were 697, a lling off of 432. One hundred and forty-two omen were graduated this year from medical hools. In 1910 there were 157 women grad-ted, and in 1909, 162 graduated, while in 1904 ere were 244 women graduated from medical hools.

Public Health Items.

Must Furnish Sanitary Cups.

The Supreme Court of New Jersey recently nded down a decision upholding the order of e Board of Public Utilities compelling all ilroads furnishing water for their passengers provide sanitary or individual utensils from which to drink it. Following the passage last year of a law prohibiting the use of common-drinking cups in public places, a number of the railroads in the State removed the glasses from their trains, leaving it to the passengers to provide their own drinking utensils.

Tuberculosis Exhibit at Rutherford.

The exhibit of the State Board of Health was opened at the City Hall Auditorium, Rutherford, Oct. 7th. Drs. Charles Calhoun, Samuel E. Armstrong and C. D. Brooks presided at the different evening meetings which were largely attended.

Eggs Condemned and Destroyed.

A decree of condemnation was issued by Judge Cross in the United States District Court Oct. 8th, in the suit of the United States, involving fifty dozen of frozen eggs. The eggs belong to the Greenwich Egg Company of New York, and were seized in the storage warehouse of the Merchants' Refrigerating Company of Jersey City. The goods were destroyed by the United States marshal.

Measles Death Rate.

Bulletin 109 U. S. Census Bureau tells us that in 1910 measles caused a death rate of 12.3 per 100,000 population in the registration area. It further says it is true that many deaths assigned to other causes are due to the unfortunate consequences of this disease. In nursing babies it is more fatal than diphtheria or scarlet fever. Health officers have more trouble holding a measles epidemic in check than one from any other disease, simply because people are not afraid of measles. So, if fear does harm in some directions, lack of it does harm in others.

Diphtheria in East Camden.

There has been quite an epidemic of diphtheria in East Camden during the past few weeks. Upon the recommendation of Dr. H. H. Davis, president of the Board of Health, several of the public schools and sabbath schools were closed for a few weeks. The City Council made an emergency appropriation of $1,000 to enable the health authorities to cope with the disease.

Typhoid Fever in the Oranges.

Proximity of milk bottling establishment to a home in which there were five cases of typhoid, and the fact that this establishment did not sterilize the bottles, nor even those that came from the infected home, is declared responsible for the seventeen cases of typhoid in Orange, West Orange and South Orange Village reported since the middle of August. Two cases, both in the village, were fatal.

The investigation of the source of the seventeen cases made by the authorities of the three municipalities, in conjunction with the State Board of Health, has disclosed in the judgment of the investigating officials, not only that the source of the infection was Fred H. Meeker's milk bottling establishment, in South Orange avenue, Livingston, but that legislation is needed to prevent the possible recurrence of the epidemic.

The next place of inspection by the health officers was a farmhouse about 1,200 feet back of the Meeker place. This is owned and inhabited by Raymond Dare, a painter by trade, and here it was found that there have been four, and possibly five cases of typhoid since July 31st. The Dare family got their milk supply from the Meeker bottling establishment.

Small-Pox Epidemics in Pennsylvania.

Small-pox has been raging in Pittsburg for several weeks; up to Sept. 18th the number of cases had reached 100 with 19 deaths. A serious epidemic also occurred in Carbondale. The spread of the disease is attributed to the carelessness of the local health authorities and some physicians in failing to differentiate between chicken-pox and small-pox.

Small-Pox in Italy.

Dr. G. Pollaci, in Riforma Medica, Naples, states that in the city and province of Palermo there have been 6,353 cases of small-pox since 1910, with 2,060 deaths. He cites the details of 2,979 cases at the two isolation hospitals in his charge. His data indicate that the protection from vaccination expires after five years. Vaccination in childhood is of little protection against contracting the disease in adult life, but it still has a marked attenuating influence on the small-pox. Fifty-four of the patients had been revaccinated, but the four deaths in this group were in patients with preexisting tuberculosis, syphillis or heart disease, with one exception.

Vaccination.

In Manila, during Spanish times, there were so many deaths from smallpox that it was necessary to erect in that city a large temporary hospital for the victims, most of whom died. During the last five years no one who had been successfully vaccinated during the five previous years has died in Manila. No one at all has died there since June, 1909. In large cities, and in the localities which are easily accessible, the disease is now mild. Owing to a combination of circumstances vaccination, which was begun twelve years ago by the American sanitary authorities, was suspended in Bagac during a period of nine years. A bad epidemic broke out, but when vaccination was begun again no new cases occurred. The official reports from the islands make a very strong document in support of the benefits of vaccination.

Special Meningitis Epidemic Among Horses.

Dr. A. Clark Hunt, in charge of the division of infectious diseases of the state board of health, recently gave out the following official statement on the examination of the epidemic of spinal meningitis raging among the horses in Cape May and Cumberland counties:

"The state board of health has recently been investigating an epidemic of spinal meningitis existing among horses owned by residents of the lowlands of Cape May and Cumberland counties. The report made by the representative of the board shows that probably several hundred deaths have been caused by the disease. This large number of deaths is partl due to the virulence of the disease and in pa to the unusually extended territory over whic it has been distributed this year.

"The disease is rather peculiar in its cha acter, and has received the attention of scien tific investigators for a number of years wit out any definite results being obtained as to i cause, method of communication or treatmen The horses which are affected with the diseas show at the beginning a slight staggering in th hind legs, which rapidly grows worse until th animal leans against the stall for support. Th temperature of the animal rapidly rises to abou 106 degrees, and when the animal is compelle to walk the body is twisted to one side. Late on in the disease there is a constant motion o both legs and head. Horses affected continu to eat and drink until within a few hours o death. The disease is neither infectious nor co tagious, except in the narrow modern defin tion of that term, which, however, still incl de such diseases as malaria, yellow fever, or Tex fever of cattle in that class. * * *

It is now definitely settled that the diseas has no relation to human cerebrospinal menin gitis. Every effort of the bacteriologist to fin the bacteria that is the cause of the disease h met with failure. In the western outbreak ce tain Kansas veterinarians claim to have foun protozoa in the red cells and further claim t have cured cases with quinia."

BOARD OF HEALTH AND BUREAU O VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, Sept., 1912.

The number of deaths reported to the Sta Board of Health by the Bureau of Vital St tistics for the month ending September 10, 191 was 3,050. By age periods there were 869 deat among infants under one year, 259 deaths children over one year, and under five yea and 823 deaths of persons aged sixty years a over.

The following figures show the mortality f the present month, compared with the corre ponding period for the four preceding yea

Number of deaths, September 1908, 3464; 19 3,153; 1910, 3,462; 1911, 3,313; 1912, 3,050.

The general death-rate of the State contin low, and the only noticeable increase in a cause of death is in Typhoid Fever, which higher than the corresponding period of pre ous years.

The following table shows the number certificates of death received in the State B reau of Vital Statistics during the month en ing September 10, 1912, compared with the av age for the previous twelve months, the av ages being given in parentheses:

Typhoid fever, 51 (26); measles, 17 (22); sc let fever, 9, (12); whooping cough, 20 (2 diphtheria, 24 (41); malarial fever, 5 (2); tub culosis of lungs, 261 (308); tuberculosis of ot organs, 43 (53); cancer, 184 (166); diseases nervous system, 311 (353); diseases of circu tory system, 325 (395); diseases of respirat system, (pneumonia and tuberculosis excepte 101 (215); pneumonia, 109 (240); infantile di rhoea, 537 (197); diseases of digestive syste (infantile diarrhoea excepted), 255 (18

rights disease, 234 (232); suicide, 33 (32); all ther diseases or causes of death, 531 (619); otals 3,050, 3,119.

aboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis exnined:

Specimens received from suspected cases of phtheria, 315; tuberculosis, 394; typhoid fev-, 474; malaria, 45; miscellaneous specimens, ; total 1,300.

aboratory of Hygiene—Division of Food and Drugs.

During the month ending September 30, 1912, 2 samples of food and drugs were examined the State Laboratory of Hygiene, with the llowing results. The following were found be below standard: 10 of the 163 of milk; of the 10 of butter; 1 of the 2 of cheese; 13 the 38 of cream; 6 of the 11 of cider vinear; 1 of the 38 of tomatoes; the two each of al and citrate magnesia, and the one of beef.

Above standard: all 10 of baking powder; all of cake; all 3 of coffee; all 3 of molasses; all of olive oil; all 3 of sugar and the one each chicory, cloves, salt, compound vinegar, vinear syrup and borax.

Eleven suits were instituted against parties hose food samples were found to be below andard as follows: Milk, 6; beef, carcass, 1; eam, 2; veal, 2.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month, 276 dairy inspections were ade, as follows. The columns give the numer inspected and the number found to be 60 er cent. above and 60 per cent. below the perct mark:

County.	Number inspected.	Above 60 %.	Below 60 %.
urlington	12	4	8
amden	1	0	1
ssex	10	1	9
loucester	2	1	1
udson	1	1	0
unterdon	4	0	4
ercer	88	31	57
iddlesex	7	4	3
onmouth	6	0	6
orris	33	26	4
cean	21	2	18
assaic	26	11	12
omerset	2	1	1
ussex	17	12	5
arren	15	10	5
ucks, Pa.	30	8	22
adison, N. Y.	1	1	0
Total	276	113	156

Three dairies in Morris county; one in Ocean nd three in Passaic were stopped from proucing milk:

umber of dairies; first inspection..... 128
umber of dairies; reinspection..... 48
etters sent to dairymen..... 277
Vater samples collected on dairy premises 2

Inspections were made at the request of the llowing local boards of health: Asbury Park, loomfield, Collingswood, Dover, Gloucester ity, Little Falls, New Brunswick, Orange, Paterson, Perth Amboy, Pompton Lakes and Trenton.

CREAMERIES INSPECTED.

Broadway, Clove, Franklin Park, Hamburg, Hoboken 2, Idell, Jersey City 2, Middlebush, Monroe 2, Newark 6, Plainfield, Rosemont, Sergeantsville, Stockton, Sussex 2, Fallsington, Pa., Unionville, N. Y. Total 26.

Letters sent to creamery operators, 10.

ICE CREAM FACTORIES INSPECTED.

Bay Head, Bayonne, Bloomfield, Burlington 5, Camden 3, Collingswood, East Orange, Gloucester City 4, Long Branch 2, Manasquan, Newark 2, New Brunswick 3, Orange, Passaic, Paterson 5, Point Pleasant, Spring Lake 2, West New York 3, total 37.

Letters sent to ice cream factory operators. 11
Ice cream factory licenses recommended.. 4

During the month ending September 30, 1912, 153 inspections were made in 95 cities and towns. The largest number made in cities were: Camden, 4; Jersey City, 5; Matawan, 5; Newark, 9; Trenton 11, and 3 each in Bridgeton, Elizabeth, and Washington.

The following articles were examined during the month but no samples were taken:

Milk, 392; butter, 130; food, 151; drugs, 7.

Other inspections were made as follows:

Milk wagons, 117; drug stores, 3; butter investigations, 7; cold storage warehouses, 3; meat inspections: calves, 25; milk depots, 16; slaughter houses, 58; grocery stores, 76; canning factories, 58; meat markets, 17; miscellaneous, 2.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 269; public water supplies, 109; private water supplies, 102; bottled water supplies, 4; dairy supplies, 5; State Institution supplies, 2; miscellaneous, 17; sewage samples, 30.

INSPECTIONS.

Water supplies and water purification plants inspected at Asbury Park, Bridgeton 2, Crosswicks, Dover, Englewood, Gloucester, Haledon, Holly Beach, Laurel Springs, Millville, Moorestown 2, Mount Holly, Netcong, New Milford, Phillipsburg 2, Ridgewood, Roebling, Stanhope, Rockaway, Woodbury.

Bottled water supply inspections at Johnsonville, Pa., Ridgewood, Trenton.

Watershed inspections at Bridgeton.

Sewage disposal plants and sewerage systems inspected at Asyla, Belmar, Beverly, Bordentown 3, Brielle, Burlington, Caldwell 3, Changewater, Chatham-Madison 2, Collingswood, Deal, Delanco, Essex Fells, Gibbstown, Glen Gardner, Haddonfield, Haddon Heights, Hoboken, Island Heights, Mahwah, Merchantville 2, Milltown, Millville 2, Moorestown, Morris Plains, Morristown, New Lisbon, Newton, Overbrook, Pemberton 2, Ridgewood, Riverside, Roebling, Sewaren, Verona, Vineland, Washington, Wenonah, Woodbridge, Woodbury, Wood Lynne, Woodstown, Wortendyke.

Stream inspections on Absecon Inlet, Atlantic Ocean, Barnegat Bay, Cape May Harbor, Cohansey Creek, Cold Spring Inlet, Crosswicks Creek, Deal Lake, Delaware River, Maurice River, Morris Canal, Pensauken Creek, Pequannock River, Rahway River, Rancocas Creek, Raritan River, Shrewsbury River, Swan Creek, Swimming River.

Number of stream pollutions reported....	44
Reinspections of stream pollutions made...	49
Stream pollutions found abated.....	32
Notices to cease pollution issued.....	17
Plans for sewerage systems, sewage disposal plants and extensions approved.....	5
Plans for water supply systems approved....	1

Facetious Items.

Mother's Pumpkin Pie.

By Roy K. Moulton, in the "Atlantic City Daily Press."

Some folks prefer the fancy grub they serve at swell cafes,
And cookin' by a foreign chef is really quite a craze,
The bill of fare, in fancy French, they like to take in hand,
To demonstrate that they can make the waiter understand,
They order up a high-toned meal that may be very fine,
But when it comes to eatin' good, I want no French in mine.
I like the good old-fashioned meal, not like the kind you buy;
It ends up with a great big slice of Mother's pumpkin pie.

We always start in with the soup, that is so lickin' good,
That every one is helped again—that's always understood.
And then we have a husky roast and fixins' family style,
With sweet potatoes, hubbard squash, and father's bound to pile
Enough on every feller's plate to last him for a week.
And we all eat till we can hardly think, or breathe or speak.
But e'en at that we have to save some space, for bye and bye
The climax of the meal must come, the Mother's pumpkin pie.

They talk about the joys of wealth, and how to live in style,
But I am glad that I must live the old way for a while.
There's no dyspepsia in the house when mother's on the job,
No indigestion, dizzy spells or gout a raisin' hob;
The meals are always served just right in winter, spring and fall,
I like the whole year's bill of fare, but one thing best of all—
When I am through with earthly things, and take my place on high,
It won't seem just like heaven without Mother's pumpkin pie.

Ex.-Gov. R. B. Glenn of North Carolina, addressing 2,000 teachers of the Alleghany county teachers' institute recently, said: "My dear ladies, if you want to wear pants, wear them. Japanese women wear them and look pretty good in them. But if you insist upon wearing them wear pants with both legs in them and not with only one, as some of you are now trying to do."

The feat of a French surgeon in using t stomach of an anthropoid ape to replace t worn-out stomach of a man is interesting fro a surgical point of view. But what were t rights of the ape in the matter?—Bayonne Da Times.

Its Place of Business.—"In the absence any accurate information the imagination our pupils sometimes takes a curiously amu ing turn," says an instructor in a Philadelph institution.

"The boy who defined a mountain range a 'large-sized cook-stove,' was recently eclips by the answer returned by an ad from Altoon

"What is the office of the gastric juice?" w the question put to this boy.

"His written response, no doubt struck c in the hurry of the examination, was: 'Tl stomach.' "—Fenimore Martin.

A Matter of Education.—A newly ma magistrate was gravely absorbed in a formid ble document. Raising his keen eyes, he sa to the man who stood patiently waiting tl award of justice:

"Officer, what is this man charged with?"

"Bigotry, your worship. He's got thr wives."

The new J. P. rested his elbows on the de and placed his finger tips together. "Officer he said, somewhat sternly, "what is the use all this education, all these evening schoo all the technical classes, and what not? Plea remember, in any future like case, that a m who has married three wives has not commi ted bigotry, but trigonometry. Proceed."—S Paul Dispatch.

An old darky wanted to join a fashionab city church, and the minister, knowing it w hardly the thing to do and not wanting to hu his feelings, told him to go home and pray ov it. In a few days the darky came back.

"Well, what do you think of it by this time asked the preacher.

"'Well, sah," replied the colored man, A prayed an' prayed, an' de good Lawd He sa to me, 'Rastus, Ah wouldn't bodder mah ha about dat no mo'. Ah've been trying to g into that chu'ch mase'f fo' de las' twenty yea and Ah done had no luck."

"The health officer advised me to ask eve man with whom we had domestic dealings he was careful to boil the water he used in h business."

"Yes."

"Well, I asked the milkman first. And wh do you think? He got mad and wanted to li me."—Cleveland Plain Dealer.

"We surprised all our friends by getting ma ried."

"Good enough. Now surprise them by sta ing married."—Kansas City Journal.

"Is he really a great scientist?"

"I have my doubts," replied Miss Cayenn "I suspect he is one of the scientists who g their reputation by sitting down to a dinn table and saying 'chloride of sodium,' instead 'salt.' "—Washington Star.

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IVORY EXOSTOSIS OF SKULL.*

By Richard Cole Newton, M. D.,
Montclair, N, J.

onsulting Physician Mountainside Hospital, Montclair, N. J., Member New Jersey State Board of Health, etc.

Miss K. B., aged 50, consulted me in 1907 or a bony growth involving the left side of er face and skull in the region of the temle. As will be observed in the accompanyng photograph, the growth had extended ackward nearly to the external auditory neatus, forward beneath and behind the eft eye and upward, so that the temporal ossa was obliterated. The zygomatic fossa ad also been filled up by the bony growth. he lower border of the growth being lost n the zygomatic fossa, was hard to define. he upper part of the protuberance was narked by a scar which was over a depresion in the bony tumor, having rather sharp dges. The depression was about a half nch deep. This, the patient explained, was he spot at which Dr. Abbe had attempted o remove the growth, some three or four ears before she came to me.

She complained of great weakness, inisposition to attend to her duties (she was he matron of a charitable institution for hildren) and frequent micturition. She eemed to be laboring under the impression hat some medicine could be given her to bsorb the growth, which had already renlered her blind in the left eye, and was ushing that eyeball out onto the cheek.

She had been under the professional care f my friend, Dr. Halsey, who had treated er for some years. He had given her odide of potash and inunctions of mercury for about a year, without effect, suspecting a specific origin of the bony growth. He had also treated her for chronic interstitial nephritis. In November, 1903, he had referred her to Dr. Robert Abbe, who had attempted to remove the growth, but was foiled by its stony hardness, breaking his gouges and chisels in the attempt. The woman herself attributed the growth to having struck her head against the edge of an open door when walking about in the dark. This was in 1899. In about a year afterward she first noticed the beginning of the tumor.

I saw the patient from time to time, until 1910. The tumor grew apace. It was probably twice as large in 1910 as it had been in 1906. The patient dragged her left foot in walking and had grown weak in her left arm and hand. There was no actual paralysis. In 1910 sugar was found in her urine. Micturition was frequent and the urine excoriated the external genitals and the surrounding integument. The patient was irritable, morose, suspicious and mendacious. She was in constant fear of coming to a state of friendlessness and destitution, and was in the habit of exaggerating all her symptoms and uncomfortable feelings to excite sympathy and to induce her former friends and employers to visit her and to contribute to her support. She had accumulated a little property, but had concealed this fast so successfully that people were surprised after her death, when a contest arose over her will, or rather wills, for she had made several. Her object in doing this seemed to be to bribe people to take better care of her while she lived, by the expectation of a reward after her death.

The history of the case does not show that she had much pain in the head from the growth during its continuance of ten or eleven years, until toward the end of her

*Read at the 146th annual meeting of the Medical ociety of New Jersey, Spring Lake, June 12, 1912.

life. There seemed to be no question that for the last few months of her earthly existence she suffered intense pain, when not under the influence of opiates, and at one time particularly, some months before her death, she had suffered intense agony from pain in the back of her head for a period of three weeks. She did not lose consciousness at this, or any other time, so far as can be learned.

It seemed wonderful, however, that such an extensive growth pressing upon and displacing the brain, the eye and the cranial nerves, should have caused so little pain during the years of its growth. This painlessness, however, seems to be characteristic of cranial exostosis generally. There was considerable divergence of opinion as to Miss B.'s mental condition toward the end of her life. Dr. Halsey, who had enjoyed excellent opportunities to observe the case, believed that she was insane at the last, and so testified in court. In my opinion, althoguh there was unquestionably both mental and physical deterioration, the patient was of "sound and disposing mind" up to the very last. This opinion was shared by Dr. J. Fewsmith, of Newark, who had seen the patient occasionally for a number of years. So far as her physical condition was concerned, she resembled a patient of Dr. Morton Prince's reported in the *American Journal of the Medical Sciences* (Vol. CXXIV., p. 799), as "shrunken in height and development," with yellowish and mummified skin. Toward the last my patient's face with the protrusion and exophthalmos of the left eyeball, and the extensive enlargement of the left side of the head and face, was so hideous that some of her former friends were obliged to discontinue their visits, as they could not bear to look at her. She died quietly from exhaustion in December, 1910. No autopsy was made except upon the head, of which the notes have been kindly furnished by Professor McCallum, chief of the Department of Pathology at the Columbia University Medical School, to whom the specimen was turned over. They are as follows:

Anatomical Diagnosis—Tumor of skull. Osteoma. Head: From which on the left side there projects a hard mass just outside of the eye. Just above the level of the eye, in the region of the temple, there is a depressed scar and it is found that this extends down into the skull when the overlying tissues are removed. The eye on the left side projects very markedly, indeed. "The tissues round about seem swollen. The skull cap is removed and it is found th the left side of the brain is markedly adhe ent, especially in the temporal fossa. C the left, the floor of the interior fossa bulged upward by the presence of a ha tumor. On the right side it is normal. Th tumor extends around the optic nerve on i upper and outer side. The brain was adherent that, when torn out, part of the t of the temporal lobe remained attached the dura."

"The tumor is composed of the very den est, ivory-like bone which still shows son sub-divisions corresponding with the bon from which it originated. Apparently t plate of the frontal bone, the malar and s perior maxilla bones are involved. Po sibly, also the temporal bone. The orbit narrowed from the outer side and in th way the exophthalmus is raised."

No doubt the mechanical pressure on t brain, producing as we have just seen co siderable local cerebritis, accounted for t intense pain from which the patient suffere toward the end of her life. The diabet was also probably due to the same compre sion.

I have the pleasure of presenting to yo the morbid specimen from the above d scribed case, and will take up a little mo of your time, if you will allow me, with few remarks upon the morbid anatomy an diagnosis of bony exostoses. The whol question of the morbid anatomy of bone i as yet much involved in doubt, and present a wide and alluring field for investigator It seems scarcely worth our while to attemp to discuss at all exhaustively the question involved in a consideration of the etiolog of bony overgrowth and tumors, and morbi conditions of the bones generally. It ha not yet been determined whether the exos toses are, generally speaking, due to a con stitutional or to a local cause; nor whethe a predisposition must exist before an in jury, for instance, can lead to the develop ment of an exostosis. Whether it is fro the uncertainty and difficulty of the subject or from the comparative rarity of ivor exostoses, there is a marked paucity of lit erature upon the subject. The treatment i also at present in an unsatisfactory state an will probably continue so, until more i known of the etiology of the condition. W are studying microbes, infections and vac cines just now, to the exclusion of th equally important researches upon the struc ture of the body. If you will pardon thi digression, I will give you the few facts have been able to gather regarding the eti

ogy and natural history of exostoses, and y something about the differential diagoses between them and certain apparently milar conditions.

Exostoses of bone may be roughly dided into the spongy, or cancellous, and e ivory or membranous varieties. The rmer spring from the epiphyseal ends of ng bones, as well as from the flat bones the skeleton, and the bones of the face d skull, and are said to be due to the ossiation of chrondromata. The latter arise om membranous bone and are particularly one to grow from the walls of the orbit d the skull (A. H. Tubby, Deformities cluding Diseases of Bones and Joints, ol. II., p. 573), where they may cause eat inconvenience from pressure. They e slow growing usually sessile, hard, nooth and painless. They may grow from e inner or the outer table of the cranium, d often arise from the temporal bone. here may be several of these growths upon e calvarium, yet they are frequently ngle. They may be formed from the peristeum (exostoses) or from the bone-marow (enostoses). The ivory exostosis is t to grow as much or more from the inner ble of the skull, as externally, and to inude markedly into the cranial cavity. The ploe is usually obliterated. Paget (p. 534, ectures in Surgical Pathology) mentions a se springing from the ethmoid or frontal lls: "It was, for the most part, as hard ivory, but its central and posterior poron was composed of very close cancellous ssue." Another specimen had in its hardst part neither Haversian canals nor lamnae. "In the less hard parts, the canals are ery large, and the lacunæ are not arranged circles about them, but are everywhere f irregular or distorted forms."

Cheyne and Burghard say (Manual of urgical Treatment, Vol. I., p. 259) that ory exostoses contain lacunæ and canaliuli, but are without proper Haversian anals.

Paget mentions the existence of an ivory xostosis upon the forehead of an ox which ad originated, apparently from, the frontal inuses. It was eight and one-half inches diameter and weighed sixteen pounds. raigie (p. 487, Elements of General and athological Anatomy) mentions an ivory xostosis "as large as a melon," which had eveloped on the temporal bone of a man.

Cheyne and Burghard insist that these rowths are usually small, slow growing, nd, as a rule, do not cause any trouble beond possibly a little deformity. As to the etiology of these growths, we are pretty well in the dark. Bockenheimer (Arch. fur Klinisch Chirurgie, Vol. LXXXV., 1908), Glæssner (Wien. Klin. Woshenschrift, 1908, p. 1327), and Koch (Verhandlungen der deutsch patholog. Gesellschaft, 1909), all seem to agree that their cause is unknown.

Craigie (loc. sit.) says that they "may occur sometimes in the bones of the skull without evident morbid condition." Whereas Zeigler (General Pathology, p. 258) seems to be one of the few authorities willing to venture an opinion regarding their etiology. He says: "Further, there often develops upon the skull or other bones of the body, circumscribed bony growths known as exostoses, which are inherited and not dependent upon extrinsic influences."

McNamara (p. 264, Diseases of Bones and Joints, London, 1887) says that ivory exostoses "often appear to be connected with an injury." These hard, bony tumors are not always of uniform structure and consistency, as in the case quoted above from Paget, and in the description of hyperostosis cranii referred to by Prince (*American Journal Medical Science,* Vol. CXXIV., p. 799), in which the diploe has in some cases been "converted into a coral-like tissue, and in others into a hard tissue like ivory, as was found in a case of my own."

In other words, a general diseased (hypertrophied) condition of the cranial bones as in hyperostosis cranii, may be diversified with an eburnated degeneration of the diploe, which, so far as one can tell from the account given of the condition, may or may not be a part of the general bony degeneration.

The spongy exostoses of bone are much more common than the hard variety which we have just considered. They need not, however, take up a great deal of our time. They are generally multiple, affecting the long bones of the body, as well as those of the cranium and face, and are frequently, if not usually, dependent upon osteitis deformans. Vogel is of the opinion (*Medical Record*, July 29, 1911) that, generally speaking, what has been called hyperostosis cranii, is really Paget's disease (osteitis deformans). This bony over-growth of the skull is apt to be symmetrical (Leontiasis osseum). It may affect especially the bones of the face, often growing from the basis cranii and pushing forward the malar and nasal bones, and the nasal processes of the superior maxillary bones, thus producing the

typical lion-like face. The term leontiasis has also been applied, as you will remember, to the appearance produced by tubercular leprosy.

The hideous deformity known as "frog face," is fortunately quite rare. It is dependent upon an extensive growth of a fibrous naso-pharyngeal polypus, or possibly a sarcoma, which usually grows from the periosteum of the basilar process of the occipital bone, or from the body of the sphenoid. It is composed of fibrous tissue and often contains sarcomatous elements. It may displace the soft palate forward and block up the nostrils, and may extend into the orbits, the spheno-maxillary fossæ or even into the cranium.

These fibromata usually occur in persons under twenty-five (Agnew's Surgery, Vol. III., p. 126). They may originate in the antrum and make their way into the nostrils; on the other hand, they may originate from the periosteum of the bones of the nose and make their way into the antra. As they nearly always appear on both sides of the face, they would seldom be confounded with an ivory exostosis, even if their comparatively rapid growth and softer consistency would not differentiate them from ivory osteomata.

Adams and Nichols (Principles of Pathology, Surgical Pathology, Vol. II., p. 1046) say that of benign growths, perhaps the commonest is the osteoma. The true osteomata are usually found in early childhood, or during the developmental period of life, and may even be inherited. These, of course, will seldom be confused with ivory exostoses, although Adams and Nichols speak of the latter form of osteomata as though they may be found in early life. Osteitis deformans is essentially a disease of middle or advanced life, and is no doubt due to so-called trophic disorders, which we hope to understand better some day. Prince says (loc. cit.) that several writers have suggested that the fons et origo of Paget's disease was to be found in the nervous system.

We need not consider osteo-malasia nor fragilitas osseum, nor actinomycosis, nor the phossy jaw of chronic phosphorus poisoning, since these conditions seem to have no connection with ivory exostosis and would scarcely be confounded with it.

Gould and Pyle (Anomalies and Curiosities of Medicine, p. 769) speak of an affection of the bones of the face known as anarkhre or goundron, which is so common among the natives of certain villages on the Ivory Coast of West Africa, that about on per cent. of them are afflicted with it. As rule, the earliest symptoms in children ar more or less persistent headache, particular ly in the frontal region; sanguimeous an purulent discharge from the nostrils an the formation of symmetrical swellings th size of an almond in the region of the nasa processes of the superior maxillary bones These curious growths may lead to blind ness from pressure upon the eyeballs. The are also noticed in chimpanzees.

The X-ray may be of the greatest use i confirming the diagnosis of an ivory exosto sis or enostosis of the skull; in fact, it ma be impossible to make the diagnosis with out its help. It may also afford most valu able information regarding the operabilit of the growth. There seems to be no effi cient treatment for any of these osseou tumors except operation, and in cases lik the one I have shown you, this was out o the question, after I saw the case, bot from the hardness of the growth and th extent and nature of the structures involve by it.

The sanity of my patient I di not believe had been affected by the exo stosis; whereas, Prince (loc. cit.) gives u to understand that pronounced and peculia mental symptoms are by no means uncom mon in advanced Paget's disease. This, a far as it goes, tends to confirm the assump tion that the ivory exostosis is not due to constitutional dycrasia; as Paget's diseas certainly seems to be.

So far as we know now, these osteomat are only to be remedied by early operation otherwise, their treatment is as hopeless a their underlying cause is inexplicable. Th operations are by no means easy, and ar often impossible. So far as we can judge however, in cases of ivory exostosis, wher all the abnormal bony tissue can be re moved, there will be a fair probability tha the growth will not recur, as it seems tha it would be quite prone to do in spongy exo stosis or in Paget's disease, if any on should venture to operate in this morbi condition.

The eburnated degeneration of the bon in ivory exostosis may be due to an "an lage" or "nest." Yet, even so, it might b susceptible of complete removal and eve in some cases of spongy exostosis remova might be accomplished, whereas in osteiti deformans, where we have a constitutiona dyscrasia to deal with, operations for re moval of any part of the bony growths are generally speaking, contra-indicated.

DISCUSSION.

DR. FRANK D. GRAY, Jersey City: Unfortunately, our time is very limited, and we have more papers to present; but I have not much to say. I do not know why Dr. Newton asked me to discuss the paper, because I know practically nothing about the condition. Probably none of us know much about it. I had the opportunity, last week, to see some of our great surgeons, and I tried to find out something about it from Drs. Blake, Murphy and Colt. The latter said he had seen but one case and that he had looked over the literature, but had not found much about it. However, a practical point is that most of these cases occur upon the skull. The treatment is extremely difficult, and if the growths are not producing serious symptoms, as some of them do not not, when they are comparatively small-sized growths they had better be left alone; because operation is dangerous, and sometimes results in fracture of the skull. Other tumors, instead of being sessile, grow either into the plate or between the plates, and demand an attempt at removal. It is very difficult to remove them; but, with the modern use of the electric burr and saw, it is a little more practical than it used to be. The etiology is very obscure. In one case that I saw, the writer suspected that it was a specific condition, due to an inherited luetic condition. It was only a suspicion, however. There is very little to say that has not been covered by the paper.

DR. THOMAS W. HARVEY, Orange: This particular specimen presents a very interesting pathological condition, and one that I was very glad to see. On looking at it, it occurred to me that here we have one of those results of what you may call errors of nutrition, in which an excess of building material is thrown out at a local point, and, as far as we can tell, results from inflammatory trouble that has passed away and stimulated a very great increase in the amount of building material, or what you might call a loss of the inhibition of the production of building material. This will bring us into the discussion, it seems to me, of some of the diseases that, like acromegaly and myxedema or giantism, are due to disease of the ductless glands, which we are only now beginning to get some information about. Possibly this loss of inhibition, which results in the growth of bony tumors, may be found to be due to disease in the pituitary, adrenal, thyroid, etc.

DR. NEWTON, closing the discussion: This tumor was brought here because it is very rare, and because so little is known about it. It is remarkable how little surgeons or men in the Pathological Department, know about it. Sometimes you see a growth on the side of a tree, and it may be the same way this human growth. You only see it once in twenty of one hundred thousand times, when someone gets a knock on the head.

An abscess of the righ ovary may give the same signs and symptoms as acute fulminating appendicitis. If an incision for appendicectomy is made, it should be of sufficient length and low enough down to allow of careful examination of the right adnexa.—Amer. Jour. of Surg.

PUBLIC CONSERVATION OF HUMAN LIVES.*

BY HENRY W. KICE, M. D.,
WHARTON, N. J.

Everywhere evidence is increasing within the fold of the medical family that our work as men of an honorable profession is changing front. That medication is but a small part of the duties belonging to us as medical men. This you already know.

It is not, therefore, within the province of this paper to say anything new. Conscious I am, also, of the ability of other men here who could better present this subject than I can.

It is only in the hope of emphasizing the magnitude of some questions that present themselves; to show that some problems should be taken up by the government; that the attitude of the medical profession to that of the government and the public, should be one of education. That the people may learn the high standard of the profession, and be taught that the prevention of most of their physical miseries is within their own reach.

Governments are instituted to protect the weak against the strong. And who are so weak as the ignorant? And of what do people know less than about themselves? Who can be happier than a person of health?

Herbert Spencer said: "To be a good animal is the first requisite to success in life; to be a nation of good animals is the first condition necessary to national prosperity.

Who are more competent to bring about these desired conditions than the medical men?

Our government is concerned about the conservation of its natural resources—its lands, trees, waters, harbors, fisheries, etc. It is spending vast sums of money for the conservation of such, and the work is not to be discouraged. But when we note how little consideration is given to the conservation of human lives by our government, it becomes the duty of all citizens of this republic who are acquainted with such facts to see to it that our government shall become interested in its own salvation.

The medical profession should create a public sentiment that would demand that the government shall adopt such measures as will best conserve the lives of her people. Thousands, yes millions, of lives are

*Read at the 146th annual meeting of the Medical Society of New Jersey, Spring Lake, June 12, 1912.

sacrificed. The human race dying of diseases that are preventable. Years of labor and research in the laboratories, enforced sanitation, and bed-side experience have proven this.

The next step should be taken by the government; money is needed, to be sure. But where can money be spent to a better advantage than in self-protection? We need a campaign of education along these lines more than we do a campaign of mud slinging.

Go into any of the two million homes in this land now harboring an invalid, and in most of them you can trace without difficulty the disease back to ignorance. Most of those sick are suffering from preventable diseases. In some the culpability lies with the invalid, in some with the State, but in all the prophylaxis lays in education.

Is it not within the province of medicine to see to it that this ignorance is removed, that all institutions of learning shall have as a part of their curriculum a branch teaching their students *"How to Keep Well?"*

There are certain fundamental and simple facts in animal pathology which are of more importance for the individual to know than that he should know of the pathology of nations, the decay of dynasties, or the moral pathology of the French or English court. Our school children and students in college are taught the latter but know little of the former.

Is it not our duty at a medical meeting like this to decide upon some method of reaching the public. The Christian churches throughout this State should be taught the great opportunity they have of doing something practical. As yet, only a few realize their relation to this work; paying but little regard to the physical ills of the human race. When the church authorities are approached as in our own county, requesting the privilege of holding public health meetings in the church, it is met with a refusal in some instances, with others your work is met with approval. However, none seem to feel that it is a duty devolving upon the church as a medium of education to help mould public sentiment pertaining to those laws that make for better health, lessen physical suffering, and postpone death. Should we not, as a body of medical men, adopt some means of reaching all churches and endeavor to have them engage in a system of education for the prevention of disease.

We have been told to beware of theories. An Englishman wrote a book when the steam engine was invented, in which he set forth his theory that it would be impossible to propel a vessel across the ocean by steam power. It was an excellent book, but the first volume of that work came to America in a steamboat. Great progress has been made since the days of steam.

In former times when there was drought and famine in the land men loaded the altars of the gods with gifts intended to placate their anger and to induce them to send the wished-for rain. To-day in famine-stricken lands what is it the wisest rulers of the country are intent upon? They are studying how to supply, on a stupendous scale, artificial irrigation; how to increase the facilities of transportation; how to uplift the people by education so that they may be able to employ more effective methods of agriculture.

In former times when the plague passed over Europe, mowing down its millions, the churches were thronged with multitudes of worshippers who besieged the Almighty to withdraw the fearful scourge. To-day when an invasion of the cholera threatens a country the Kochs and Pasteurs are busy in their laboratories, seeking to discover the germs of disease, and rigorous sanitation is everywhere applied to deprive those germs of the congenial soil in which they flourish. This is a common place of modern thinking and I need not enlarge upon it, only to emphasize the points that the conservation of human lives in the prevention of disease require that institutions of this age shall practice different tactics than they did centuries ago, a matter of paramount importance.

Lord Beaconsfield said: "The public health is the foundation on which reposes the happiness of the people and the power of a country." "The care of the public health is the first duty of a statesman." If that be so, we need not hesitate to approach our statesmen with these problems.

Were society wise, it would give the men who are striving for these things every help. Japan gave heed to medical counsel and saved her people.

Sometimes it is done after the lesson has cost a great price. It is not appreciated sufficiently that there is a profession, the function of which, as a whole, is for the public's conservation.

The thing which is closest to the happiness and prosperity of the people has but meager consideration.

We need protection from disease more than from invading armies; and our infant children need protection more than our in-

fant industries. Yellow fever, malaria, typhoid fever, tuberculosis and other diseases are susceptible to the interpretation of interstate laws, just as well as the railroads are. The people of this great country are going to have a national department of health. It may be deferred, but it is inevitable.

The frightful death rate from preventable diseases in the United States makes it absolutely feasible to add 10 or 12 years to the average length of life in this country, by means of the simple measures which are already well known and proven to be effectual.

Typhoid fever and tuberculosis are being overcome by discussing and by disseminating knowledge concerning them. Alcohol is a prominent etiological factor in pulmonary tuberculosis. But of the two evils, alcohol is a greater national curse than tuberculosis. If, therefore, alcoholism is a prominent cause in tuberculosis, as scientific men we must favor the removal of that as well as of all other causes of that dread disease.

It devolves upon us to instruct the public as to the dangers of alcohol just as it does to instruct them on tuberculosis-polluted water or bad milk.

Scientists tell us alcohol is not a food. Statistics tell us it causes one-tenth of the deaths in the United States, yet the people spend over two billion dollars a year for this poison. Its ravages are known as well as those of typhoid fever.

We should have in this country societies, as in Germany, under medical influence to promote the study of alcohol and alcoholism, to disseminate information on the subjects, and to use their influence in furthering the cause of temperance. Is this not distinctly the province of medicine?

If there is any joy which man should prize, it is the joy of relieving distress. There is but one greater and that is the joy of preventing distress.

DISCUSSION.

Dr. F. W. Flagge, Rockaway: Dr. Kice's subject is rather in line with that of the gentleman who read the paper before his, Dr. Westcott. He is just one of those blooming jays that go around the country trying to conserve health or something, and getting nothing for it. Less than a month ago, he spent an entire morning in giving a lecture. He came four miles, another man came three miles, and another twenty miles. We got for it a loss of time and a "Thank you." That is all. The conservation of human lives is something that springs from the human heart. If it were left to the money consideration, it would not be done. We are not being paid for it. I do not wish to decry this work, but there must come a time when the compensation of the physician must be derived from some other source. Our patients are falling fast away. I am glad that I am not just entering upon the practice of medicine, but am at the tail end of it.

Dr. Kice referred incidentally to alcohol as the cause of disease, and to the education that ought to be given on that line. I have given that subject a great deal of thought in the past, and wish to point out something regarding the diagnosis. There are certain classes of people peculiarly prone to the excessive use of alcohol. The English, Irish and Scotch all drink to a certain extent. Not a single one is a teetotaller. There is not a teetotaller in the Hebrew race that I know of. They all use wine at times, but never to excess. Why should we preach temperance to such people? We ought to learn of them, moderation. I believe that the effects of alcohol should be taught in the schools, but that the temperance workers have done harm by exaggerating the truth about the matter. Unfortunately, alcohol is a slow poison. It is the slow poison that kills; and the fact that it is slow is the reason that people use it.

I mean seriously that I should like to have you look into this problem of Socialism. I am not a Socialist; but the Socialists have some good ideas, and I think that something in that line will be the salvation of the medical profession.

Dr. Norton L. Wilson, Elizabeth: I recently visited a laboratory where the director showed me a male guinea pig that was a chronic drunkard, having been fed on alcohol for six months. He mated it with a healthy guinea pig, and they had six little guinea pigs, every one of which was defective. He is carrying this experiment through various animals. He says that there is no question but that chronic alcoholism shows its effect on the offspring.

Dr. C. A. Rosenwasser, Newark: I am a Hebrew and a total abstainer. I never took a drink in my life. My practice is limited to inebriates, and I have under my care a number of Hebrew inebriates. I have treated a dozen in New York City in the last year. The Jewish race is responding to the general disintegration of all races, and losing its immunity to alcohol.

Dr. George E. Titus, Hightstown: I want to say something that has been in my actual existence. I have a colored man who works for me, and who formerly worked at a hotel. He told me that every morning they mixed up some rum, and that if they did not use it in twenty-four hours it would turn black. They are selling that sort of stuff over the bar. If we get a bottle of iodine that is not up to test, we soak the druggist; but what do we do to the people who sell that stuff over the bar? In Trenton you can get in every saloon a different kind of applejack. Every distillery in the State says that they have the best rum in the State, but they know how to mix it. This is very important. We are poisoning the community with a mixture that, if we had proper inspection, would be done away with.

Dr. Linn Emerson, Orange: I would urge upon every member of the society the advantage, for educational purposes, of having in his waiting-room the two American Medical As-

sociation books on the "Propaganda of Reform" and "Nostrums and Quackery." Patients come into my office and say that they have read the books and learned a lot from them. It is a very simple means of educating the public, which we can give them for a very small expense—only one dollar. It would be a very good idea to read them yourselves. I got a great deal of information from them.

THE TREATMENT OF ACNE BY BACTERINS.*

By EDWARD B. ROGERS, M. D.,
COLLINGSWOOD, N. J.

Acne is an inflammatory disease affecting the sebaceous glands and adjoining tissues and is characterized by papules, tubercles and pustules. They are described by different terms as pimples, acne vulgaris, or the common form, acne papulosa, acne punctata, acne pustulosa, etc., depending on the character and severity of the lesions. It is one of the most common skin diseases, occurring in about 7 per cent. of all skin affections. It usually occurs about the time of puberty or shortly after; it has been a most unsatisfactory disease to treat due to the fact that it has not been until recently considered caused primarily by various etiological factors as puberty, pelvic inflammations, indigestion, constipation, autotoxemia, anemia, etc. The inflammatory process present was not considered as a cause, but as a result of the disease and the supposed causes, as indigestion, etc., were treated with varying results.

Recently Unna, Gilchrist, Schamberg and others have investigated this disease and have found staphylococcus alba, aureus, criteus, with another bacillus which Gilchrist has named the acne bacillus, constantly present and it is now believed by many that acne is caused primarily by these germs.

Since Wright has proven that different germ diseases are caused by a lowered resistence to these germs present in the body which he calls a lowered opsonic index and has also proven that by injecting pure cultures of the same kind of dead bacilli in the blood he can raise the opsonic index, and by stimulating the leucocytes to greater action the patient recovers more surely and quickly, the manufacturing pharmacists in their biological laboratories have spent much time and money endeavoring to produce stock bacterins to be used in the treatment of various germ diseases suitable for the use of the general practitioner and too much praise cannot be given these pioneers in this line of work.

The question will naturally be asked, and rightly so, why do we consider that acne is caused primarily by these germs. It has been noted that as fast as one crop of pimples disappears another crop appears and we always find these germs present in the lesions; we also know that the various types of staphylococci infest normal skin habitually, and we know that all persons do not suffer from acne. It is fair to assume that it must be caused by a low opsonic index. We might just as well deny the cause of pneumonia, diphtheria, etc., being other than the pneumococcus or the Klebs-Loeffler bacillus because we find them present in the throats of many persons not suffering from these diseases. Assuming we are correct in our theory, it places the treatment of acne by the appropriate bacterins on a rational basis.

Another reason that acne has been so disappointing to treat is because it is generally not a serious disease; the length of time required to effect a cure under old methods and its frequent recurrences, would greatly discourage our patients; they would either not carry out our instructions or would wander from one physician to another, or else neglect treatment, or, worse, seek relief from some quack. Altogether, acne became a bugbear and anything new was looked on with favor, and the X-ray, massage, violet ray and other measures have been used with varying results.

It is true that such drugs as arsenic, strychnine, iron, etc., will help raise the opsonic index and others, like iodides, bromides, etc., will lower it, but their action is slow as compared with the appropriate bacterins.

The most constant results with the bacterins in the treatment of disease has been found in the treatment of acne and where failures have occurred, no doubt it is due to the fact that either the injections have not been sufficient or the appropriate bacterins have not been used. I believe the ideal method to pursue would be by the use of autogenous bacterins in every case, but the expense and time involved and the fact that the general practitioner has not been educated as yet in the manner of properly collecting the requisite germs.

It is needless to relate that nearly every drug in and out of the pharmacopœia has been used from time to time with varying

*Read at the 146th annual meeting of the Medical Society of New Jersey, Spring Lake, June 13, 1912.

results. The more prominent ones have been arsenic, acids, alkalies, iron, calcium sulphide, laxatives, digestants, laxatives internally, and sulphur, resorsin, salicylic acid, ammon. mercury, etc., externally.

I do not advocate the neglect of any indicated drugs or any of the other means at our command and believe that many of them are synergestic and have their proper place in the treatment of this common disorder, but too much stress has been placed on the treatment of underlying conditions, as constipation, etc., in the past, and no thought that we are really up against the fact that we have a chronic skin infection of staphylococcic origin, with a low opsonic index and that if we can raise it our patients will more surely and quickly recover with fewer or no recurrences.

I have had experience in treating six cases of acne in the last six months by the stock bacterins, and while this number is very limited and does not prove anything, it serves as an indication and points the way for a further study and investigation. The results were not perfect, but they were far better than would have obtained by other methods, and encourage me in their use, with the hope of better success as time goes on.

One case, in a young lady of 17 years of age, a student in the high school, who had suffered continuously for a period of five years, with the worst case of pustular acne imaginable, showed very striking results. The skin on her face was highly indurated, having a bluish-red appearance, her face was covered with pustules in size from ¼ to ½ inch in diameter at the base. No part of her face was immune, the pustules appearing from her scalp, involving her nose, eyelids and below her chin, with a few on her chest. She was highly embarrassed by her appearance, as she attracted attention wherever she went. She had been treated by five different physicians, with no relief; she had been treated for pelvic disorders, constipation, indigestion, and her face plastered up with the usual ointments. Her physicians were intelligent ones, I am sure, because I know some of them personally. They had failed because they had followed the old methods and I realized that by the drug treatment I would have no better results than they.

In her case no attention was given her gastro-intestinal tract, or any other organ except the face, and no care to the diet, because I wanted to thoroughly test the bacterins. Stock staphylococci combined bacterins were given at five-day intervals. The first injection she received 125,000,000, the second injection 250,000,000 were given, then 400,000,000 were injected four more times. After the third treatment the pustules began to dry up and the new ones matured much more rapidly than formerly. By the time all injections were given the pustules had entirely disappeared, a condition the patient had not experienced for five years. It seemed marvelous such a change could occur in a month. This patient has been kept under observation every two weeks for at least three months, with the recurrence of only two or three pustules.

The other five cases were three females and two males; their ages were 26, 29, 31, 42 and 22, respectively; their occupations: housework 2, teacher, metal worker and clerk; two of them had the disease covering a period of seven years, the others from two to three years; they all had the common type; the same doses were given at the same intervals as in the first case. The results were all favorable, the papules disappearing during the interval from the first to the last injection. Recurrences occurred in two cases, but not as bad as at first, and if more injections were given I believe they would have been completely cured. The technique is simple; the same general principles are used as in giving antitoxin. The site of injection should be thoroughly cleansed with soap and water, then alcohol or ether; the needle thoroughly sterilized; the bacterins thoroughly shaken and injected subcutaneously; the site bandaged for 24 to 48 hours. The injections can be given at five-day intervals, the first dose small to see how the patient reacts; if much redness and inflammation occur, the interval should be longer and the dose gradually increased.

The contra-indications are: too violent reaction, as redness at the site, much depression after an injection; and it should not be given during the menstrual period. My patients had no reaction except in the case of one, who had a slight attack of the blues for 24 to 36 hours. This was followed by a sense of well-being. The other cases had only slight redness and itching occurring in about 24 hours and lasting about another 24 hours.

In conclusion, while this paper has to deal with only six cases and no definite conclusions can be drawn, it points the way, as the treatment seems to be based on rational lines. The cases treated gave better results than other methods; one gave a marvelous result.

My only reason for presenting this paper is to stimulate interest and study in this line of treatment; not only of acne, but of all other germ diseases, as influenza, sepsis, rheumatism, furunculosis, pertusis, scarlet fever, and many others which often do not yield to our best efforts. When this occurs, and I confidently expect to see it soon, then the physician will be given his proper recognition and the various quacks will meet their deserved Waterloo.

PREGNANCY IN DIABETES.*

By RICHARD H. DIEFFENBACH, M.D.
Newark, N. J.

That diabetic women can conceive has been known for a considerable period of time. Griesinger reported a few cases in 1859. That true diabetes and pregnancy is a rare condition is generally admitted.

I used the word "true" because it occasionally happens that sugar is found in the urine of women during the latter part of pregnancy or during lactation. (Blot called attention to this in 1856.) This sugar is usually lactose, and the fermentation test—pure culture—must be employed to eliminate error. The lactose has been known to rise as high as 2 per cent. and 3 per cent. (Von Noorden and Zulzer.) This is probably due to the glucose splitting up in the system and preventing the oxidation of the lactose. Insufficient emptying of the breasts is supposed to cause absorption of the lactose, and subsequently its elimination in the urine. Thorough emptying of the breasts has reduced the lactose contents of the urine. Paul Bert found lactose after parturition in the urine of a goat, the mammary glands having previously been extirpated.

I have mentioned this "lactose-uria" because it no doubt formed a source of error in the earlier reported cases of diabetes and pregnancy. Thus Dankworth questions eight of the cases reported by Matthew Duncan.

I do not intend to go into detail concerning the etiology, pathology, theories, treatment, etc., of diabetes and pregnancy. I have but a single case to report, and will read you the history and then go into a little detail concerning a few points which seemed of interest to me.

*Read before The Physicians' Club, Newark, April 12, 1912.

History.—M. T., female, admitted to German Hospital, August 31st, 1911. Born in London, England. 24 years in U. S. A. Married. She is one of fifteen children. Formerly worked for General Electric Company, cutting carbon films. No work of any kind lately.

Family History.—Father living, general health fair. One brother and two sisters living. Mother died in 1906 at the age of 54. Sugar found in mother's urine two years prior to her death. Was told at the time that she had diabetes and must diet. Diet was not carried out. Symptoms at death not very conclusive.

A sister of patient died in 1901, at the age of 19. At time of death had sugar in urine. An infected arm evidently hastened her death. Patient says that sister went into a stupor and died in eight hours. In all probability diabetic coma, because the attending physician said the arm was improving, and was not the cause of her death. Another sister of patient died in 1906, at the age of 19. Had had an operation on the antrum. Anaesthesia nitrous oxide? Sugar was found in urine after operation. Two months later, went into a stupor and died in 10 hours. One brother, still living was rejected for life insurance. Sugar said to have been found in urine. Later examinations by other physicians, no sugar said to have been found. As regards other brothers and sisters—one was killed in an accident—one died of diphtheria—others died as infants.

Personal History.—Patient as a child was always well. Denies all disease of childhood; had typhoid at the age of 15; said to have been a severe attack, lasting four months. Nine years ago sugar was discovered in patient's urine. Two years prior to this, patient had same symptoms as when sugar was found. These symptoms were: tiring on slightest exertion, sleeping most of the time, never felt rested, great thirst, drinking great quantities of water, frequent urination, continually hungry, falling out of hair, and receding gums.

In 1901 patient had tonsils removed—no anaesthesia—recovery was uneventful. In 1906 septum of nose was operated—cocaine locally—recovery was uneventful. These operations were performed for deafness, which still persists to a moderate degree.

Patient has been on a restricted carbohydrate diet for the last nine years.

Present History.—Patient was sent to the hospital because of symptoms of kidney in-

sufficiency, such as spots before the eyes, headaches of moderate degree, and edema of ankles. Examination showed that patient was pregnant in about the fourth month. Albumin said to have been discovered in urine after pregnancy had advanced to six weeks. Before marriage, menstruation was regular. Last menstruation four days before marriage—April 14th, 1911. It was decided, on account of the progressiveness of the symptoms, to induce a miscarriage. A catheter was introduced into the uterus and the vagina packed; no pains resulted; catheter came away in two days. No further attempt at interrupting gestation. Albumin reduced to a trace, and symptoms disappeared. Patient going home September 30th. Advised to report frequently as to her condition.

The following are two of the urine examinations made during her stay at the hospital:

Sept. 1st, 1911, acid 1016, albumin abundant, sugar 2 per cent., epithelial cells, leucocytes, mucous shreads, hyaline and granular casts. September 16, 1911, acid, straw colored, cloudy, sugar positive, very few casts, few epithelial cells and granular matter.

Patient readmitted to hospital October 27, 1911. Has same symptoms as on previous admission, plus dizzy spells, headaches more severe, edema of arms, hands, legs, and vulva. Also itching of skin. Numerous examination of the urine all showed sugar to a marked degree, albumin and casts.

December 15th, at 9:30 P. M. labor pains set in at intervals of 20 to 30 minutes. Pains continued all night and following day, intervals becoming shorter and pains more severe. At 3:10 P. M. examination revealed: cervix obliterated; os fully dialated; position L. O. A. Membranes ruptured. Toward evening patient was growing weaker and exhausted. 10:45 P. M. forceps applied and delivered. No anaesthesia; slight tear which was not repaired. Baby weighed 6 pounds 5 ounces. Puerperium uneventful. Patient could not nurse child, there being no milk in the breasts. Patient discharged Jan. 1, 1912.

Two of the urine examinations, one before and one after delivery, were as follows:

November 13, 1911, amber, acid, 1026, albumin one gram to the litre, sugar 2 per cent. December 30, turbid, acid, 1015, albumin trace, sugar positive, but not marked.

Blood pressure readings during three weeks prior to delivery were from 150 to 160 mm. The average daily total of urine for the same period was 57½ ounces.

Since the patient left the hospital, I have examined her urine three times. Twice I found no sugar. At these times he was observing a restricted carbohydrate diet. Once I found 1 per cent. of sugar. At this time there was no restriction as to diet. All three specimens showed traces of albumin, but no casts were found.

During one of my visits the patient asked me to examine a specimen of her sister's urine, which I did, found 2 per cent. sugar. She also complained of great thirst, eats a great deal, always hungry, tired, and is losing weight. That makes in one family a total of 5 diabetics, and possible six, if we count the brother whose urine I have never examined.

The interesting points in this history, seem to me to be in the first place the element of heredity. Blumenbach according to Nauman[1], was the first to call attention to heredity in diabetes. Numerous instances have been reported. Isemflam[1] saw seven children in one family. Mosler[2], reports diabetes in a woman, whose mother, father, two sisters, and her own son were diabetic. Naunyn[3], found in a family of five children, four diabetic and probably diabetes in the mother. Naunym[3] also analysed a series of 201 cases and states that a heredity history could be obtained in about 20 per cent.

The second point of interest was the complicating albuminuria. This is not uncommon in diabetes, and may be due either to a complication, such as any acute infectious disease, gangrene, carbuncle, arteriosclerosis, or to the diabetes. (That is, the unusual amounts of urine, sugar, acetone, etc., no doubt have an irritating effect on the kidneys). In this case I suppose it would be proper to assume that the albuminuria was due partly to the diabetes and partly to the complicating pregnancy.

Thirdly, the occasional low specific grayity of the patient's urine, at one time being 1016 with 2 per cent. of sugar. In looking over the literature I find that low specific gravity in diabetes is not uncommon.

Fourthly the complicating pregnancy. Matthew Duncan[4] seems to have been the first to collect a series of cases. He reports several series at different times, so that it is rather difficult to tell how many duplicates his reports include. His first report[4] consists of thirteen cases with eight deaths, later[5] he gives a series of 15 cases. Part-

ridge[5] collected 25 cases, 22 of which he states were previously reported by Duncan.

H. Offergeld[7] collected 57 cases of diabetes in pregnancy. He states that 30 per cent. of these women died in coma during, or soon after delivery, that 14 others died during the following 14 months from diabetes or complicating pulmonary tuberculosis. Total mortality 50 per cent. Fifty-one per cent. of the children were still born, 10 per cent. died soon after birth, and 7 per cent. died in infancy from hydrocephalus or diabetes. Total mortality 66 per cent. He of course, gives a discouraging prognosis.

F. Hirshfeld[8] reports four cases of diabetes occuring in young pregnant women. H. Neuman[9] encountered six cases of diabetes with pregnancy. In four of these the diabetes appeared ater the patients became pregnant. All went to term and were delivered of healthy babies. No mortality. He claims that diabetes and pregnancy do not materially effect each other, but that the patients of necessity being young individuals, there is the same danger as in all young diabetics.

In another article, H. Neuman[10] discusses pregnancy and diabetes. He states that the coincidence of pregnancy and diabetes is extremely rare, and also that neither seems to have a specially harmful influence on the other. In analyzing coma in uncomplicated diabetes, he comes to the conclusion that fatal coma during pregnancy occurs in a smaller proportion than the general average of coma in diabetes. He insists on strict anti-diabetic diet, occasional days of fasting and of exclusive vegetable diet, commencing this at the earliest possible moment and keeping it up through the puerperium. The benefit in his experience was manifest—no fatalities, and healthy children.

H. Ehret[11], reports a case of diabetes appearing in a woman six months pregnant. All previous urine examinations were negative. Patient was put on anti-diabetic diet. Went to full term and was delivered of healthy child. W. C. Harkey[12], reports three cases in which glycosuria plus symptoms of diabetes developed during pregnancy. Sugar disappeared from urine, and symptoms subsided in all cases after delivery at full term. The infants are living.

This concludes the number of cases I found after a fairly thorough search of the literature, namely 71. Some of the earlier reported ones, as I stated before are questioned by certain authorities.

The cases should really be divided into two classes:

(1) Those which are diabetic and then become pregnant; (2) Those cases in which the diabetes developes after the patient becomes pregnant. (Not to be confused with lactoseuria.) In the first class, that is the diabetics who become pregnant, the prognosis is worse. In the first place the women are ill to begin with, and secondly it has been proven that women have their power of carbohydrate oxidation reduced during pregnancy, even when they are otherwise normal. Glycosuria was observed in 10 per cent. of healthy pregnant women after an intake of 100 grams of carbohydrate, and when there was a nervous predisposition, this pregnancy glycosuria developed on ordinary diet. If this occurs in otherwise healthy pregnant women, it is natural to suppose that pregnancy in a diabetic would cause a still greater reduction in carbohydrate oxidation.

On the other hand, the case in which diabetes devlopes during pregnancy may regain their power of carbohydrate oxidation after parturition. In these cases also the glycosuria can usually be controlled by diet. For these reasons the prognosis must be better in the latter class.

As regards the relative frequency of these two groups, Partridge in his paper stated that he thought the 26 cases collected by him could be equally divided into the two classes. Judging from the later reports, one would be led to suppose that the cases of diabetes developing during pregnancy are more common. Of the last 10 cases cited above, 8 developed the diabetes during pregnancy, making a ratio of 4 to 1. This, however, I believe to be too high and we will have to wait until more cases are reported before any definite idea of the relative frequency can be formed.

When we take into consideration that lately more and more cases of diabetes and pregnancy are being reported, and that the carbohydrate oxidation is so frequently reduced during pregnancy, it would be most interesting to examine for sugar as well as for albumin in the routine urine analysis of our pregnant women.

This concludes my paper. The pathology is in the dark as yet. The treatment is best described by H. Neuman. I outlined it above. The prognosis fortunately seems to be far more favorable now than in the days of Matthew Duncan.

(1) Nauman-Handbuch der med. Klinik, 1836 Bd. 4.

(2) Mosler Brit. Med. Journal Dec. 31st, 1884.
(3) Naunyn, Diabetes, Specielle. Path. and Therapie Nothnagle 1903 Wein.
(4) Matthew Duncan Obstetrical Trans. vol. 29, 1882.
(5) British Med. Journal, 1882.
(6) Partridge Med. Record, July 27, 1895.
(7) H. Offergeld Deutsche Med. Woch. July 15, 1909.
(8) F. Hirshfeld Berliner Klin. Woch. June 6, 1910.
(9) H. Neuman, Berliner Klin. Woch., Nov. 22, 1909.
(10) H. Neuman Zeitschrift fur klin. med., Berlin, vol. 69, H. 5 and 6.
(11) H. Ehret, Munch. Med. ,Woch. April 25, 1911.
(12) W. C. Harkey, Journal of the Kansas Med. Soc., October, 1910.

THE SOCIAL EVIL AND SOCIAL DISEASES.

By A. Haines Lippincott, M.D.
Camden, N. J.

The President's Address at the Annual Meeting of the Camden County Medical Society, April 23, 1912.

The proof that infectious diseases are due to a specific organism has been thoroughly established. From this truth a new medical era has been born; new methods of treatment have been introduced, and means of prophylaxis have been established, resulting in a saving of life that we cannot fully estimate.

The value of these discoveries have stimulated a glow in the hearts of others, outside of the medical profession, and they are joining hands with us in a fight against disease and death. Crusades are being waged and regularly organized bodies are working for the benefit of the human race.

I wish to speak briefly to you to-day of the so-called social evil and social diseases, in order to attract your attention to the great prevalance of these two diseases—Gonorrhoea and syphilis, that have been named the Great Black Plague, and ask you as physicians—are you doing your duty in impressing upon your patients the serious consequences of these diseases?

The time has arrived when prudery should be set aside; when we should look the situation in the face and call a spade a spade.

The child should be taught Moral and Sex hygiene. The father should inform the son of the dangers to be encountered during that stage of life known as, "Sowing wild-oats." The mother should inform the daughter of the functions of the genital organs, and of the dangers to be encountered in a questionable love affair.

In contemplating marriage the contracting parties should know the dangers to the offspring, if at any time in the past they should have unfortunately contracted either or both of the diseases under discussion. The mother has a right to know, the cause of her child's blindness, epilepsy or premature birth, of her pelvic inflammations and pus tubes.

We as physicians know that from the earliest time venereal diseases have existed and they have continuously been transmitted from one person to another. We know that fully 80 per cent. of operable pelvic conditions among the female sex are due to gonorrhoea. We know that most of the blindness in young children, and many of the chronic ills are due to the same cause; that 20 to 30 per cent. of syphilitic offspring die in their first year; that these diseases are the greatest cause of abortion. Confronted with a condition that plays such a great part in the misery and ills of the human race the world over, we naturally ask ourselves, what is this terrible enemy to the race, that for centuries has waged his war, unchecked in all corners of the globe, that keeps alive these social diseases? I think this question can be answered in one word —Prostitution.

Prostitution has existed from the beginning, and will likely exist as long as man inhabits the earth, and just so long will we have syphilis and gonorrhoea.

Let us take a glance at the situation now existing all over the world, and it will be readily seen what a stupendous task awaits us in any effort to stamp out this evil or even to control it. In a crusade against other plagues we have the co-operation not only of the patient, but his or her family and the health authorities, but social diseases are contracted in secret and treated in secret.

The time may come when every State will enact laws requiring the reporting of these diseases and that a quarantine be enforced. But we all know the difficulties that will be encountered. A great percen-

tage of these cases are treated by quacks and amateur doctors. There is hardly a "rounder" that is not carrying in his pocket a formula for some astringent injection, the efficacy of which he highly recommends. If these diseases became reportable, that very law would naturally drive the afflicted into the hands of quacks and amateurs, thus defeating the very purpose of making a permanent cure and preventing its spread.

If there were no promiscuous intercourse there would in the course of time be no social diseases. There are so many interests at stake in this great question of prostitution. When we strike at the baudy house we do not know whose pocket-book is affected, for the owners of these properties may be men of social distinction and, as the rentals are large when a dwelling is used for such a purpose, they would naturally resist any movement that would so materially affect their income. The liquor interests would also oppose such a movement because the revenue from the sale of alcohol in connection with this vice is enormous. The weekly hush-money paid to the political grafter would cease, these houses being the homes of the phantom vote and the repeater, and naturally the political organization would also take a hand in opposition.

Likely the greatest source of infection is from the so-called clandestine prostitute. I read of 45,000 known prostitutes in Paris and only 6,000 registered. A boy may hesitate to enter a known baudy house, yet fall a victim to the solicitation of the street walker. The clandestine prostitute infests all parts of a city; they live in the very select neighborhoods; they are behind the counter in the department stores; they infest the public waiting rooms; they conduct massage, manicuring, hair dressing and bath parlors; they are to be seen in all cafes; attractively bedecked they walk the streets day and night, unrestricted, rotten with disease, soliciting patronage from all classes of men.

There is more or less regulation among the women of the houses of ill repute. The inmates are seldom allowed to go out without an attendant; they are taught in a way to take precautions against infection; they do have a superficial medical examination, mainly to trade upon the doctor's certificate, which very certificate in itself gives the patron a false sense of security. When a lesion is discovered, the very interests of the house retires that girl for treatment, while the clandestine prostitute continues to ply her trade until disabled.

Most men know that in sexual relation with such women they expose themselves to infection, but few are deterred. If it were only they alone that suffered it would not be so bad, but, in their ignorance or carelessness of the contagiousness of these diseases, the home is invaded. The number of cases of innocently acquired syphilis is appalling, and it seems to me for that reason alone every effort should be made in some direction to protect the innocent mother or child.

It is stated that there are in Philadelphia 5,000 known prostitutes, but who can even guess the number of women carrying on business clandestinely. The prostitute springs from all walks of life, she may be the girl too lazy to work; the under-paid working girl; the simple weak-minded girl; the naturally bad girl; the girl born and reared in an atmosphere of prostitution; the nymphomaniac; the girl attracted by the glamour of "The great white way"; the girl with an uncontrollable desire for finery. She is recruited from the dance hall, the stage, the moving picture show audience, the department store and the work shop, from foreign countries and from the rural districts, and not a few are the victims of those engaged in the White Slave traffic.

The one great object of these poor under-fed, under-paid, over-worked girls is money and an easier way to live. Thus we see the carriers of these poisons are awaiting their victim at every turn.

Well may you ask, what is to be done to check this plague? The crusade against these diseases is a fight against a condition that has been in existence since the beginning of time, against a condition that in this enlightened age we yet hear spoken of as a necessary evil.

In some European countries segregation and government control is in vogue, but they all acknowledge that on account of the vast army of clandestine prostitutes it is a failure. Repression only reaches the known houses and empties them into other cities. In this country indifference is generally the rule.

To the minds of those who have given any thought to the subject there is but one remedy, that of education. The child should be taught sex hygiene and morals at his parents' knees. There should be a free publication in the magazines and newspapers, public lectures and free open discussion with a liberal distribution of literature in the churches and factories, department stores and work shops. A public sentiment

against prostitution *must be aroused,* and kept alive until every girl and every boy in all the land knows the dangers awaiting them at the portals of the underworld.

If such a thing is possible that prostitution can be exterminated, then and only then will syphilis and gonorrhoea be in the same category as tuberculosis and allied diseases. Hand in hand with the fight against the social evil must go the fight against the social diseases, and here is where we as physicians must take a hand and do all in our power to teach the public the character of these diseases. That gonorrhoea is something more than a bad cold, and that syphilis properly treated is a curable disease, but if neglected, is probably the worst contagion with which one can be inflicted.

There are strong arguments to offer for and against these diseases being placed on the list of reportable diseases, but I believe the time will come when the boards of health will place them on the list, perhaps some system of reporting by number rather than by name will be worked out. As these diseases are so common among the poorer classes the municipalities should see that medicine and proper instructions and treatment are furnished.

Every hospital should have a veneral clinic. The hospital that refuses treatment and care to these poor unfortunates is very short-sighted when it is shown that unskillful treatment, or lack of treatment, of these patients fills their wards with patients whose ills can be traced in a large percentage to one or other of these diseases. I am sorry to confess that the treatment of acute gonorrhoea has not kept pace with the advancement in therapeutic measures of some of the other infectious diseases, though the micro-organism is known. But the treatment of the chronic cases, and these are the cases most dangerous to the public, is better understood. It is with these uncured cases where our field is greatest and the most good can be accomplished. Few men will indulge in sexual congress during an acute attack.

The treatment of syphilis is a different story. Wonderful medical history has been written in the last seven years. In May, 1905, Schaudinn first demonstrated the spirocheta pallida and proved it to be the specific micro-organism of syphilis. Shortly after, Wassermann developed a sero-diagnosis test that has proved its value in active syphilis in all its stages. Strange to say following these two great discoveries Ehrlich gave to the world his salvarsan. Heretofore the cure of syphilis was so problematical that the saying "once a syphilitic always a syphilitic," was the general belief. If in our existence these three great discoveries were the only contributions to medical science we should be exceedingly thankful, for these three great scientists have shown us a way for an early diagnosis, a cure and a means of controlling a disease that has baffled the medical world for centuries.

It will not require a shaft of granite to keep alive the memory of these men. Every father as he watches his son approaching the age of manhood, every mother as she sees her daughter budding into womanhood, every child that escapes the taint of this disease, should make their genuflexion to Schaudinn, Wassermann and Ehrlich.

SYMPOSIUM ON TYPHOID FEVER.

At the Passaic County Medical Society Meeting, October 8, 1912.

THE LABORATORY DIAGNOSIS OF TYPHOID FEVER.

William F. Gutherson, M.D.,
Paterson, N. J.

During that period of uncertainty, which is often-times rather prolonged, when the physician is in doubt about making a diagnosis of Typhoid Fever for his patient, the laboratory is able to furnish a certain amount of data, which, when taken together with the clinical symptoms, will materially aid him in deciding the question at the earliest possible moment. Aud when we consider how extraordinarily variable this malady is in its manifestations; and remember that no single symptom is characteristic of the disease; and add to this the fact that the remittent or the intermittent character of the fever with chills may prove sources of error, we can readily see how welcome anything definte might be in dealing with this very grave disease.

Of first importance to consider is the blood. The pressure is persistently low throughout the disease and does not reach normal again until well along in convalescence.

The red cells are generally increased in number during the first few days, and then fall below normal and continue so after the termination of the disease—constituting the post-typhoid anaemia. The count is subject, however, to transitory variations, depending upon haemorrhage, excessive vomiting, sweating and diarrhoea; but is soon

restored to what it was before. Very low counts of two million or less must be regarded as a complication, and are rare. The usual drop is about 25 to 30 per cent., and is fairly constant for any one individual case. The haemoglobin suffers more than the numerical value of the cells; falling so that the index is .7 or .8.

The most significant feature of the blood, however, is the leucocyte count, both absolute and differential. An initial rise is often spoken of, but is undoubtedly very evanescent, or accompanies those cases which are ushered in with severe bronchial symptoms. But in general the count is low; for a case of the ordinary type, somewhat lower than the normal limit in health; and very low when the infection is intense or prolonged.

As regards the differential count, the main characteristics are a progressive diminution in the percentage of polynuclears, with a corresponding rise in the lymphocytes and large mononuclears, and an absence of eosinophiles. The polynuclear and lymphocyte curves cross about the second week, and by the fourth the lymphocytes have reached their maximum of about 60 per cent. From now on, in favorable cases, the different cells gradually assume normal proportions, and, with the rise in the polynuclears, eosins reappear and are apt to rebound above normal limits for a time. High lymphocyte counts are very apt, though, to persist in the case of children for long periods.

As regards the complications: a severe hemorrhage produces the blood picture of an ordinary secondary anaemia, even to a slight leucocytosis for a time, but the cells are again restored to what they were in about one week.

In perforation a leucocyte count taken every hour will show a sharp rise in the beginning, with a subsequent fall which may not be very marked, and which is thought to be coincident with the spread to a general peritonitis. This rise is of short duration and is entirely wanting in malignant cases.

A relapse shows a slight polynuclear rise; but if a complication intervenes, due to germs other than the typhoid bacillus, there is immediately established a leucocytosis, but modified by the tendency to leucopenia common to the original disease. But this modification of the total count should not be misleading as regards the gravity of the secondary infection, because the differential count always shows the septic factor—that is, the polynuclears going, maybe, to 85 per cent. in a total count even as low as 4,000.

There are two more procedures with the blood; one is a culture of the whole blood, and the other the Widal reaction. During the first week of the disease the typhoid bacillus may be recovered, by culture, from the blood in 92 per cent. of cases; this falls to 65 per cent. in the second week, and is very uncertain thereafter. This means of a positive diagnosis has distinct advantages early when other symptoms are few. The Widal reaction, on the other hand, becomes progressively more constant as the disease advances from the first week on; being about on a par with the culture method during the second week, and becoming very reliable later.

The urine is neither very distinctive nor very important from a diagnostic standpoint. Early it shows the ordinary characteristics of any febrile disease, but with a few special features. Reduced in amount, odorous, rapidly becomes turbid and decomposes on standing, a marked deposit of urates, and of a brownish-yellow color with a greenish reflex. When almost the whole force of the infection is directed against the kidneys, the urine presents the appearance and findings of an acute parenchymatous nephritis, which indeed becomes the case.

As the fever leaves, the urine becomes more and more normal, except as regards the specific gravity which is apt to remain low for some considerable time, and the color takes on a decidedly orange tint.

The Diazo reaction obtained with the urine is one of the most constant symptoms of the disease, but unfortunately is positive for only a limited time; that is for five or six days from the end of the first week or the beginning of the second.

The typhoid bacilli may be isolated from the urine as early as the first week; also from the faeces, but this is often very difficult and results are too uncertain for the procedure to become practical as a routine measure.

FULL DIET IN TYPHOID FEVER

By CHARLES H. SCRIBNER, M.D.,
Paterson, N. J.

When the Coleman-Schaefer Diet for Typhoid Fever was first proposed, it seemed to many physicians, and I know it seemed to me, that such a liberal diet could not be given without injury to the patient. I remember when the results of this treat-

ment were given in a paper at a meeting of the A. M. A. at Atlantic City, Dr. Jacobi of New York, said, in the ensuing discussion, that if he ever had Typhoid he did not wish anyone to feed him with cream. He stated that as far as his knowledge and experience went it could only do harm by upsetting the digestion and producing diarrhoea. Formerly we had been taught that the simplest diet should be given in Typhoid and our main reliance was in milk. In fact it is not many years ago since I heard that one of our Passaic brothers advocated giving only water during the height of the fever—no food whatever.

In Osler's Modern Medicne, Dr. Thomas McCrea says "Food should be fluid, easy of digestion and absorption; there is a temptation to give too much rather than too little food and more patients are over-than under-fed." He says that 24 to 36 ounces of milk per diem is enough for the majority of patients during the height of the attack. To this he sometimes adds albumen water and says it is sufficient.

When you consider that a person weighing 120 pounds needs 1,925 calories in 24 hours and that a person taking two quarts of milk gets only 1,300 calories, it is easy to understand why a typhoid patient will rapidly emaciate on a milk diet.

Forscheimer in his discussion of the diet in typhoid is much more rational. He states that it is requisite: 1st. The food must be digestable; 2nd. It must have sufficient caloric value, so that compensation may be made for the loss of weight due to fever metabolism; 3rd. It must not affect the bowels, and 4th. It must be non-irritating. His favorite food is oatmeal—boiled and strained—with alcohol and milk. He also adds albumen water and the yolk of eggs boiled for thirty-five minutes.

Dr. F. C. Shattuck gives a more liberal diet still: 1st. Milk, hot or cold, with or without salt, diluted with lime water, soda water, apollinaris, or vichy; peptonized milk, cream and water; milk with white of egg, buttermilk, kumiss, matzoon, milk whey, milk with tea, coffee and cocoa; 2nd. Soups, beef, veal, chicken, tomato, potato, oyster, mutton, pea, bean and squash, carefully strained and thickened with powdered rice, arrow-root, flour, milk or cream, egg and barley; 3rd. Horlick's Food, Mellen's Food and malted milk; 4th. Beef juice; 5th. Gruels, strained corn meal, crackers, flour, barley water, toast water, albumin water, with lemon juice; 6th. Ice cream; 7th. Eggs, soft boiled or raw; egg nog; 8th. Minced lean meat, scraped beef, the soft part of raw oysters, soft crackers with milk or water, soft puddings without raisins, soft toast without the crust, blanc mange, wine jelly, apple sauce and macaroni.

Shattuck used this diet in conjunction with the Brand treatment at the Massachusetts General Hospital. It seems to me from an analysis of 288 cases reported that the results were not particularly good. Relapses occurred in 14 per cent. of the cases, intestinal hemorrhage in 8.3 per cent, perforation in 3.1 per cent, and the mortality was 10.7 per cent.

The tendency, mainly, during the past 15 or 20 years has been toward a more liberal diet in typhoid fever. This tendency was due to the fact that it was realized that we had no measure for dealing with the pathological course of the disease directly and until it was possible to directly combat the disease, it seemed rational to direct all measures towards maintaining the strength and nutrition of the patient. This idea seems to have originated in this country and certainly has been more thoroughly tested here than elsewhere. Judging by the statistics so far published, the results have been beneficial.

Investigation had shown that in all forms of fever, owing to acceleration of metabolic processes, there is a continuous loss of reserve fat and a progressive and uninterrupted drain of protein or muscle tissue. Dr. B. B. Crohn, in his admirable paper on this subject, says that this drain is due to three causes. 1st, the pyrexia; 2nd, the customary starvation, and lastly, a toxic factor.

It was to overcome the second cause, insufficient nutrition, that Coleman and Schaefer suggested and thoroughly tried what seems to be a practical form of diet. They aimed, to again quote, "to provide a diet which should convert a minus to a plus nitrogen balance, prevent loss of weight during the infection, and maintain general nutrition; this to be done by so greatly increasing the carbohydrates and fat proportions of the food as to prevent nitrogen loss." For this purpose they give food of a caloric value varying from 3,500 to 5,000 and in some special cases 6,000 units. The following is a table giving the total calories per day on an average typhoid diet:

TABLE I.—TOTAL CALORIES PER DAY ON AVERAGE TYPHOID DIET.

Food Substance	Amount	At	Calories
Cereal	3 portions	160	480
Lactose	3 oz.	125	1,000
Cream	10 oz.	70	700

Bread and butter (without crusts)	4 slices	87	348
Eggs	3	60	180
Egg-albumin	2	40	80
Cocoa	1 cup, 8 oz.	180	180
Milk	28 oz.	20	560
Ice-cream	1 portion	90	90
Broth	8 oz.	7	56
Malted milk	2 drams.	120 (per. oz.)	30
Total calories			3,704

The claims for this method of feeding are that the nutrition of the patient remains unusually good, that the period of convalescence is shortened and the disease is better tolerated.

It had been my plan to try out this method of feeding in the wards of the Hospitals before writing this paper, but for certain reasons it was not practicable to do this in a scientific way and therefore the conclusions given are those of other investigators. However, during the past three years of my service at the Hospital we have been using a much more liberal diet than formerly. It has seemed to me, however, from an unscientific observation of my own cases that it is useless to attempt to give a large amount of food to a patient who has no desire for it, whose tongue is dry and whose stomach as far as we can judge is in no condition to recive it. I fail to see what good 5000 calories of food will do a patient who apparently can not digest more than 1000 or 500 calories. For this reason we did not feed all of our cases alike. We used our judgment in the matter of feeding. If food was well taken and relished it was our custom to give bread and butter, milk, eggs, milk sugar, cream, broth, cocoa, cereal and alcohol, in quantities approximating the average typhoid diet. Sometimes for the first week of the disease (in the hospital) very little food was given. The condition of the patient as to the digestive organs being the guide. If in our opinion the food could be assimilated it was given. In other cases a full diet was given from the start and with apparent benefit, even with a high temperature present. It seems to me that there are two results of this full feeding that were apparent in our own cases. First, the look of well being and contentment of the patient during the course of the disease. They do not look like typhoid cases as we remember them of old. Seven cases that were treated in the wards during September of the past year, I remember as a happy, cheerful lot. 2nd, the rapidity of convalescence. Under this form of feeding, patients apparently can sit up sooner and can safely be discharged quicker than when an insufficient quantity of nourishment has been given. In the cases this autumn under treatment I believe there were no relapses and no deaths.

TREATMENT WITH RESTRICTED DIET.

By JAMES M. STEWART, M.D.
Paterson, N. J.

Dr. Stewart said in part that cases treated by him, in the Paterson General Hospital, had been treated on a restricted diet. Therefore he had no way. to make a comparison of cases. He had used a milk diet almost exclusively, and had often felt, when patients were emaciated the diet ought to be increased. When he had attempted to feed patients, at their own request, they complaining of hunger, the patients got a rise of temperature. All patients had been kept on milk diet until temperature was normal, for 5 to 7 days. In view of Dr. Scribner's paper on full diet, he thought that if the strength of the patients could be conserved and digestion was not interfered with by the full diet the treatment might be ideal.

PROPLYLAXIS, OR TYPHOID A PREVENTABLE DISEASE.

By JAMES O'DONNELL, M.D.

It is rather startling to be told that in 1909 there were more cases of typhoid in the United States, with a population not half so large as that of India, than there were cases of plague in India; and that there were four times as many cases of typhoid in the United States as cases of cholera in Russia during a period including the epidemic of 1910. These figures are taken from an article by McLaughlin of the Marine-Hospital Service, who says that we consider with apprehension the countries in which cholera and plague occur frequently and call them pest-ridden countries, but do not consider the problem of typhoid fever in our own country with sufficient seriousness. He gives tables to show that within the registration area in the United States, in fifty cities. having an aggregate population of over 20,000,000, the average typhoid deathrate for 1910 was 25 per hundred thousand inhabitants. In

one city in that year it amounted to 86.7 per hundred thousand, and in several cities it amounted to 45 or more. In ten of the largest cities of northern Europe, comprising a population of 15,000,000, the average typhoid death-rate per hundred thousand of population during a period of ten years, from 1901 to 1910, was only 3.4, and in 1910 the rate had gone down to 2.5. It is considered in Europe that a death-rate of 13 to 15 per hundred thousand constitutes a rather serious reflection on the sanitary management or the water-supplies of such cities. And yet the figures are far below the average of the fifty cities in the United States above referred to, in which the death-rate was 25 per hundred thousand of population. Leaving out of account such causes of typhoid as infected food and milk, contact, carriers, etc., McLaughlin believes that this death-rate can be very materially reduced by filtering the water-supplies of our cities, which are too largely contaminated by sewage.

Not only is this high death-rate from typhoid fever to be deplored on humanitarian grounds, but the occurrence of such a large number of cases represents an economic loss so great as to be almost incalculable, and our legislators and city authorities should feel the obligation to adopt more vigorous methods of preventing this enormous waste of human energy, earning capacity and human life.

Prophylactic measures against typhoid may be applied to the individual or to his excreta. The protection of the individual against typhoid infection by treatment of the individual organism is to be secured chiefly by the use of typhoid vaccines. This method has now become a recognized procedure for large classes of the community, such as the army and navy schools, the inmates of public institutions and should include also nurses, doctors, hospital orderlies and employees of dairies. It ought to be applied in an increasing degree to persons who wish to travel in infected localities, etc. It will also be likely to be of great value in the treatment of convalescents from typhoid bacilli if it seems evident that they are in danger of relapse. It is a proper treatment to apply to chronic bacillus-carriers who are continually endangering their environment by the excretion of bacilli and who, it has been shown, are liable to reinfect themselves so as to fall victims at last to the parasites which they may have harbored for many years.

Nowhere, however, do we get such convincing evidence for the practice of typhoid immunization as from the records of our own army. Up to the present time over 60,000 men have completed the inoculation, and among this entire number, and covering a period of nearly three years, but twelve cases of typhoid have developed and no death has occurred. One man at the Guantanamo Naval Station died five days after the first inoculation from a case of walking typhoid. This is the only fatal case of typhoid in the government service in any one on whom the inoculation had been begun. The record of the Manoeuver Division in camp at San Antonio, Texas, during the past summer has been most instructive. An army division having an average strength of 12,800 men, all inoculated, occupied the same camp for four months, from March to July, and in this command but one case of typhoid developed. This was a mild case in a hospital corps man who had not completed the inoculations necessary for protection. Lieut. Col. J. R. Kean, who has recently reported on this camp, is authority for the report of forty-nine cases of typhoid with nineteen deaths for the City of San Antonio for the same four months. During the same period that this camp existed at San Antonio, between three and four thousand men were in camp at Galveston, Texas, and in this command no case of typhoid occurred, while the City of Galveston furnished 192 cases of the disease during the existence of the camp. The City and the camp had the same water-, milk- and food-supply, the only difference being that the camp had been protected by inoculation.

About 3,000 men were scattered along the Mexican border mostly in small camps, many of them in localities where typhoid was present, yet of this command only one man contracted typhoid, which ended in recovery. Contrast the record of these camps with those of the concentration camps of the Spanish-American war and consider the intimate contact of these camps with typhoid-infected cities. It is inconceivable that, with such conditions, the practical abolition of typhoid could have been effected without the use of the immunizing inoculations.

The conclusions to be drawn from all this evidence are of a definite character. The case for typhoid immunization, both in prevention of the disease and in decreasing case mortality, is a strong one. It is with reason that the Surgeon-General of the Army has given it as his opinion that

the protection afforded by vaccination against typhoid would compare favorably with that against small-pox. In treatment the vaccine has yet to definitely prove the extent of its worth, though in it we see the ray of hope of an agent which will reduce typhoid mortality below its heretofore irreducible minimum.

The protection of the community against typhoid infection is a part of the sanitary functions of the public health authorities. The public has a right to demand that health authorities exercise the same rigid supervision over typhoid convalescents as is practiced with respect to other infectious diseases. The methods are well within the range of practicability for city boards of health and hospitals. It is to be hoped the physicians, in behalf of the public good, will not be remiss in securing the adoption and utilization of the means which scientific methods have placed at hand. Examination of urine and feces for typhoid bacilli, before the patient is readmitted to community life, should be instituted as a routine procedure by those who have supervision of conditions affecting public health. "Typhoid carriers" may thus be detected and needless epidemics avoided.

But since the infection in every case starts from an individual case of typhoid fever from which it may be spread in various ways, the primary responsibility for the spread of the disease rests in great measure with the physician in charge of the case. It is incumbent on him to see that no avenue by which the bacilli can escape into the external world is left ungarded. All germs excreted by the patient should be at once thoroughly destroyed. For this purpose no half measures should be tolerated. Disinfectants (true germicides, not antiseptics) should be employed and in strength sufficient to destroy with certainly the germs in the material on which they act. The physician should not rely on articles the disinfectant power of which has not been satisfactorily demonstrated. There is no occasion to use patented or secret articles. Efficient germicides are cheap, nonproprietary, and thoroughly well known. They should be provided in sufficient quantity so that they will be used freely enough to accomplish their purpose. It should be thoroughly understood that in this disease the disinfection should be carried on day by day throughout the course of the disease. Disinfection after the termination of the disease is of minor importance. Disinfection of the air is also relatively unimportant. The germs are borne by the solid and liquid excretions and the hands, clothing and food soiled with them. Direct contagion, although possible, is rare.

From the standpoint of prophylaxis the question naturally narrows down to disinfection of the urine, stools, sputum and of objects which may accidentally be contaminated by these excretions.

To disinfect the urine, the best solutions are, phenol (carbolic acid) 1 to 20, in an amount equal to that of the urine, or bichlorid of mercury, 1 to 1,000 in an amount one-fifteenth that of the fluid to be sterilized. These mixtures with the urine should stand at least two hours. In case there is demonstrable bacilluria hexamethylenamin may be given to cause disappearance of the bacilli from the urine, but under no circumstances should its administration permit the disinfection of the urine to be neglected.

To disinfect stools, phenol is the most useful. It is cheap and efficient if used in strong solutions. The stool should be mixed with about twice its volume of 1 to 20 phenol solution and allowed to stand for several hours.

Inasmuch as the water used in bathing is liable to be soiled by urine or feces, it is advisable to extend the disinfection to this material also. The disinfection of the bath-water after use is best accomplished, according to E. Babucke (Babucke, E.: Centralbl. f. Bakteriol., 1900, xxvii, 800), by the use of chlorid of lime; 250 gm. (one-half pound) of chlorid of lime will render the ordinary bath of 200 liters sterile in one-half hour. In cases in which sponging is practiced the amount of water used would be small and would require a correspondingly small amount of the disinfectant.

If there be any expectoration, the sputum should receive the same care as in tuberculosis. It is best to collect it in small cloths, which may be burned.

All the linen leaving the patient's bed or person should be soaked for two hours in 1-to-20 phenol solution and then sent to the laundry where it should be boiled. It is recommended to boil the dishes from which the patient has eaten before they are taken from the room. If this precaution is impracticable they should at least be treated in some other way, as by wrapping in paper so that they cannot convey infection. They should afterward be boiled or washed separately from the other dishes.

It is also recommended that the nurse

should wear a rubber apron when bathing or handling otherwise a typhoid patient and should also wear rubber gloves or else wash the hands thoroughly in a 1 to 1,000 bi-chlorid solution after she has finished or she should wash thoroughly in soap and water, followed by 70 per cent. alcohol.

While it may be impracticable sometimes to carry out these precautions in their entirety, they should be regarded as the ideal to which the intelligent nurse or attendant will approach as closely as possible.

Great care should be taken to prevent access of flies to typhoid excreta and to food supplies. The room of the typhoid patient should be kept thoroughly screened in fly season. The nurse or other attendants should be taught to regard every specimen of urine as a pure culture of typhoid bacilli and should carefully avoid the spilling or scattering of drops of urine.

The danger from contamination with the urine should be impressed on the convalescent patient, who should be encouraged to continue the use of hexamethylenamin and to report to the physician for examination of the excreta until it is satisfactorily shown that no more typhoid bacilli are being passed by the patient, either in the urine or feces.

The foregoing portion of this paper was read before St. Joseph's Hospital Clinical Society on Sept. 25th, 1912. Since it was written it has been my privilege to observe about 25 cases of typhoid fever, treated in the wards of St. Joseph's Hospital. All these cases have been vertified by blood examination. Half of them were of the mild type, but some were very severe.

Previously to my going on service, they had been treated with a restricted diet, under the service of Dr. Charles M. Campbell, and had done remarkably well. So it was with some reluctance a fuller diet was ordered. Our clinical Charts show that no harm was done to the patients by this full diet. The patients felt well, looked well and did well. In only two cases was it necessary to resort to alcohol. So far no deaths have occurred from the disease.

Further observations render me more convinced that each case must be judged by itself, and that it is useless to give a patient, more than he can assimilate. No claim is made that we give a high caloric food value in any case, but no patient was allowed to go hungry. Enough food at least was given, so that the patients lost little or no weight, and they seemed to recover weight quickly. I realize that a few cases prove nothing, but it seems reasonable from the results obtained to persist in giving typhoid fever patients enough food to prevent the metabolic waste of the disease.

THE NECESSITY OF THE SCIENTIFIC TRAINING OF MIDWIVES.

By Dr. Siegfried Husserl.

Newark, N. J.

To those who have listened to, or have read Dr. Jacobi's splendid presidential address before the meeting of the American Medical Association, nothing need be said of the necessity of producing a supply of first class midwives; neither to those, who have attended or observed the schools of midwifery in Germany, Austria or England.

It is astonishing indeed that New Jersey, and particularly Newark, with its large foreign element and continuous influx of Slavish, Italian and Jewish populace, which for centuries has adapted itself to the use of midwives, did not heretofore possess a school, to properly train those, for whom the State has enacted an excellent law, that in a most complete way, covers every detail, relating to midwives, their training, licensing and practicing.

After explaining the terms and the conditions of licensing the midwife, the law sets forth 13 subjects, in which training is demanded:

1. Anatomy of the pelvis and female generative organs; 2. physiology of menstruation; 3. diagnosis and management of pregnancy; 4. diagnosis of foetal presentation and position; 5. mechanism and management of normal labor; 6. management of the puerperium; 7. injuries to the genital organs following labor; 8. sepsis and antisepsis in relation to labor; 9. special care of the bed and lying-in room; 10. hygiene of the mother and infant; 11. asphyxiation, convulsions, malformation and infectious diseases of the new-born; 12. causes and effects of ophtalmia neonatorum; 13. abnormal conditions, requiring the attendance of a physician.

"Said examination shall be sufficient, to test the scientific and practical fitness of candidates, to practice midwifery, and the board may require examinations on other subjects, relating to midwifery from time to time."

Amongst those subjects ought to be, if we ever hope to reduce infant mortality in the tenement districts, the training for the absolute necessity of breast-feeding, enforcing it, whenever the midwife perceives chances for it.

If Dr. Jacobi is right in stating, that breast-feeding will save 100,000 babies, that now die or become invalids from no other cause, but unnatural feeding, then there is no doubt, that a great deal can be done towards that goal by carrying this gospel to the tenement districts in an organized way, through the modern midwife or practical nurse.

For these classes, that are either ignorant or poor, or both, the midwife takes the place of the physician and confidential adviser. It is not unusual at all for her to be called in, many months after the baby was born, to be consulted about ailments of mother and child, and it is up to her knowledge and conscience, to decide, whether the case is to stay in her hands, or, if the help of a physician is required. If breast-feeding shall solve the problem, that artificial feeding could not solve; if in some European countries the government and private organizations give premiums to mothers, that enforce breast-feeding, to improve and save the race, why should not the enlightened nurse of the parturient and pregnant receive this idea as a vital factor in her education and pledge herself to perform this duty as a part of her professional obligation?

If, however, all efforts toward breast-feeding have been exhausted, and artificial feeding has to be resorted to, then the midwife must, as Dr. Jacobi recommends, know the principles of artificial feeding, and must be taught accordingly. This holds good especially for small cities and villages, where clinics and feeding stations are not as convenient as in large cities.

New Jersey was one of those 13 States, mentioned by Dr. Jacobi, that has the laws for governing and regulating, but no schools for the teaching of midwives. For many years the writer has been puzzled by this condition, as well as by the lack of organization and little control of the licensed and non-licensed midwife. At last he has been successful in the organization of a maternity hospital, situated in one of the tenement districts, that will supply the material for bedside instruction; and in the organization of a staff of physicians, who are willing to sacrifice time and energy and to share in the practical and theoretical education of midwifes.

It will be the plan of the school, to raise, before all, the moral and intellectual standard of the midwife, to make her acquainted with the mother- and child-problems of today, and to increase the sense of her responsibilities. She will get all the law the State demands in the way of education, and more than that; she will be made the carrier of modern ideas and hygiene into those quarters, where physicians, social economists and charity workers have long felt the necessity for it.

The education of the pupils, which according to the law, will take twice seven months in two different years, will be practical and theoretical. Each physician of the staff will be on duty for one month alternating, to take care of the deliveries, and thus give the pupil practical demonstration of the normal case, or instruction as to the necessity of the interference of the physician in the abnormal case. Besides, lectures will be given in English, German and Italian; demonstrations on manikin and charts, etc. Each pupil will have to be on duty twenty-four hours every week for fourteen months, when she will be taught the practical application of asepsis and antisepsis and the general principles of nursing and hygiene.

The first floor of the building (106-108 Montgomery street), will be devoted to clinical purposes and receiving rooms, the second for the parturient and the third for the convalescent. In this way it is to be hoped, to give to the next generation of New Jersey a profession of midwives with a higher standard than it has had heretofore, and help to exterminate the criticisms and objectionable features, that often and sometimes justly have been raised against the midwife; to help create a profession of midwives, who will uphold the law, eliminating the immoral and unclean element from its ranks, and who will be of service to the poor and of assistance to the physician.

If the existing law will be enforced, as we hope it will, she will have to report puerperal, contagious and infectious diseases to the Board of Health within legal limit of time. Few of us know that she is liable to loose her license, if she fails to secure the attendance of a reputable physician, in case of miscarriage, hemorrhage, abnormal presentation or position, retained placenta, convulsions, prolapse of the cord, fever during parturient stage, inflammation

or discharge from the eye of the new-born infant, or whenever any abnormal or unhealthy symptoms appear in either the mother or infant during labor or puerperium.

So that the law gives the midwife far more responsibilities and duties toward patient and physician, than it is generally known, and it is up to the physicians, Boards of Health and all others, who are interested in humanity and regulation, to accomplish a modern, well organized and well controlled midwifery practice, the necessity of which for a large percentage of the population nobody can deny.

MEDICAL SUBJECTS OF INTEREST IN THE SOUTH; ESPECIALLY AT HOT SPRINGS, AND MOUNTAIN VALLEY SPRINGS, ARKANSAS.*

By Enos E. B. Beatty, M.D.,
Newton, N. J.

These are some of the things which I have noticed while in the South during the last eight months, and at Hot Springs, and Mountain Valley for the last six months.

The medical men of the South, and of Hot Springs in particular, I have found to be mostly, an up-to-date lot of men, keeping abreast with the times, by Post-Graduate and other courses, at home and abroad taken frequently in the later methods of treatment, and medical subjects.

I am glad to have had the opportunity to meet so many of them during my stay in Hot Springs.

I attended the meetings of the Arkansas State Medical Society, and the Southwestern Medical Association, and found them very interesting; they paid a good deal of attention to the subjects of Hookworm disease and Pellagra,—subjects which were comparatively new to me; they took up mainly subjects of Southern interest; they use also with much success, the vaccines and the bacterins; 606 is also used much, and I believe with good results in many cases. I have found that the Southern charges are higher than with us, for the same service, and they seldom dispense medicines; there are many drug stores in Hot Springs.

While in Atlanta, Georgia, I had the pleasure of visiting the very up-to-date Piedmont Sanatorium, and also a very fine new Sanatorium, which is being erected.

Hot Springs, Arkansas, is located in the Ozark Mountains, about five hundred feet above sea level, in a valley, between the Hot Springs, West and South Mountains, and is a city of 20,000 inhabitants, and about 150,000 visitors annually; the principle business is attending the sick, who come from near and distant places, for hot baths.

There are all kinds of bath houses, somewhere about twenty-four in all, I believe, the principal of which one, the magnificent Buckstaff, which has no equal in the world, I believe, for the completeness of equipment; the Ozark, Maunice, Imperial and many others, the most of which have up-to-date hydotheropeutic baths of all kinds.

For the ordinary hot baths, the prices range from thirteen dollars, including attendant, for a course of twenty-one baths, graded down in price according to the equipment of the houses, to fit the purses of the people patronizing them.

The Government maintains an Army and Navy Hospital, as well as a free bath house, with a capacity of fifteen hundred daily, for all those who are unable to pay for the baths; it has both black and white, male and female departments, it is remarkable at first, but you soon get used to it, to see the great number of cripples, in all shapes and conditions, a great many of them are helped, cured or relieved. It is said as many as one million baths are given at the various bath houses annually.

Many of the hotels, have bath departments, all using the natural hot water which comes from the Hot Springs Mountain, from the forty-four springs, the natural temperature being on an average of 135 deg. F.; eggs can be boiled in some of the springs. This is the water used in the baths, and the same water, cooled, is used in cooling the baths in the bath houses. This water is considered radio-active, and has been so demonstrated by the Government chemists. The United States Government has retained absolute control of all the hot springs in this region. They are on the United States Reservation; the baths cannot be taken as hot as in ordinary water, and physicians recommending, or ordering them must pass an examination before a United States examining board.

All the bathhouses are under Government control, are frequently inspected, and are kept in fine sanitary condition, and if not satisfactory are condemned, and must be rebuilt,.

*President's Address at the Annual Meeting of the Tri-County Medical Association, Branchville, October, 1912.

The diseases treated at the Hot Springs baths, and those mostly helped or cured, generally speaking, are all diseases of the skin, blood, digestive and secretary organs, the nervous affections and diseases of women. Many cases of rheumatism come here and, they say, are cured or helped, (we see many rheumatic cripples, as I said), also diseases requiring elimination of poisons accumulated in the body from various causes.

Hot Springs and vicinty is not only blessed with the hot springs, but also has many other cold water springs of purity, the principle springs and waters, are the Mountain Valley spring, Potash Sulphur, DeSolo, and Arsenic, and some others.

In my opinon, from experience, the best without doubt, is the Mountain Valley Spring, capacity 79,000 gallons daily, coming right out of the rock, of the mountain, twelve miles north of Hot Springs, in a four-inch stream, of absolute purity, and of great medicinal value, due apparently to its marked diuretic action, and its radio-activity and great results are gotten here, in a great many cases. It is a few feet from the Hotel or Sanatorium which bears the name of the spring; this is the third known hotel built at the spring in fifty years. I have met a man here who has been coming to the spring for forty-three years, it is controlled by two fine ethical surgeons of St. Louis, Drs. Dorsett and McCandeliss.

Dr. Murphy, of Chicago, has had two cases here lately, and he has sent many cases. The cases helped most, and many apparently cured here, are Bright's disease and diabetes. It has reduced the blood pressure and cases needing elimination are helped.

When the cases come in, they go over their case with them, as most of the cases are sent here by physicans, and explain method of taking the water; go over the urinary analysis, if one has been made, if not one is made, as well as the instructions to the patient by his own physician; the diet is looked into, as the trouble is often found there; they are instructed strictly as to diet; a usual diet list for such cases is found in each room, as well as on each dining table; the bowels and other sources of elimination attended to, including the skin action, by baths as they seem to be needed. It is of necessity quiet here, which is best for the patients. The altitude is moderate, and the hotel is situated on the south side of the Mountains, making a fine climate most of the year. I have talked with a number of the patients, who came here several years ago, with much dropsy from Bright's disease, who went away relieved of the dropsy, after a stay of a month or two at the spring, and with no return of the dropsy for several years. It would seem to me to be a wonderful spring. I have been much benefited by my stay here.

Diabetic patients come here, saying they have much sugar in their urine, and after being here for some time none has been found on careful examination. They find that many of those who strictly observe the rules as to taking the water, diet, and rest, and who keep in good cheer, do well.

Clinical Reports.

Chronic Colitis.

Dr. J. Finley Bell, Englewood, reported a case of chronic colitis in a child three years of age, with deformity and deviation of sigmoid, at a recent meeting of the N. Y. Academy of Medicine. It is published in the Amer. Jour. of Obstetrics, October, 1912, page 668, with the discussion thereon.

Double Pyosalpinx with Torsion of Both Pedicles.

Reported by Dr. Woolcombe, in the London Lancet, and cited by Dr. B. M. Anspach, in a paper in the Amer. Jour. of Obstetrics, October, 1912.

Aet. twenty-two. Unmarried. First attack two years before in right lower abdomen. Repeated attacks since, last one week before admission. Abdominal tumor observed for two or three months. Right side abdominal tumor extends above the umbilicus; left side, also, abdominal tumor rising out of pelvis. Universal adhesions, but very easily separated on right. Very few on left. Diagnosis: Pyosalpinx (bilateral); right side with ovary twisted one and one-half times to left. Left side without ovary twisted twice to the right. Right tube, circumference 10½ in.; extreme length 8 in.; dark bluish-red blood inside. Right ovary involved; measures 3 times 3 inches. Left tube, the bulbous part, 7½ inches long. Maximum circumference 11 inches. Contents resemble cream cheese; no odor; no diplococci; no tubercles; no chorion villi or signs of new growth.

Large Ovarian Tumor.

Reported by Dr. E. L. Larkins, Indianapolis, in the Jour. Ind. State Med. Assn., June, 1912:

Dr. Larkins's patient was aged 62 years, and consulted him about some shortness of breath and irregular action of heart, believing she had heart disease. On examination Larkins could not find any organic disease of the heart, but on palpating the abdomen, found an ovarian tumor of the left ovary about the size of a fetal head at term and freely movable, but evidently having a short pedicle. He give it as his opinion that this was the origin of her trouble and advised its immediate removal. To this she would

not consent as she "did not believe in operations." As time went on the tumor increased in size and for the last three years she has been practically confined to the bed and chair. The functions of the body continued in a normal way but the growth of the tumor gradually took away the nutrition of the body, so that, at the time of her death, the woman was a mere skeleton. The tumor completely filled the abdomen and hung over the pelvis and thighs down to the knees. Where it rested on the thighs, the muscles were completely atrophied and only the skin covered the femurs. It pressed upward and expanded the ribs, which looked like wings. It was adhered to the anterior abdominal wall, but there was not a single adhesion to any of the organs. The pedicle was the length and breadth of two fingers. The tumor weighed 140 pounds even. The contents were of a purulent, bloody, gelatinous consistency. The tumor was a multilocular cyst. As near as could be ascertained the body weighed 80 pounds.

Gastric Sarcoma.

This case reported by Dr. E. von Graff, in the Weiner Klin. Woch., Vienna, June 27, is stated to be the fifty-sixth on record in which the stomach was resected on account of a primary sarcoma. The outcome is known for only three of the eight patients who survived the operation or its complications among the twelve treated by radical resection of the growth. Among them is Dock's patient (The Journal, 1900, xxxv, 156), known to be in good health four years afterward. Of the twenty-eight patients treated by resection of an exogastric sarcoma, the outcome is known in only nineteen cases, and only three of these patients were free from recurrence after a three-year interval. The patient in the present case was a woman of 27 who began to have occasional attacks of weakness but felt otherwise well and perfectly healthy at other times. After two years her waist grew larger while she found she had lost fifteen pounds. By the end of the third year a large tumor had made itself apparent in the lower abdomen, reaching to the umbilicus, but there was no anemia, dyspepsia or constipation. The tumor grew out of a small segment of the greater curvature of the stomach and had developed between the sheets of the gastrocolic ligament. It was easily removed by resecting a small part of the stomach with it, and the patient has seemed quite well during the four months since, but the enlarged lymph-nodes in the region give cause for concern.

Intrahepatic Hemorrhage of Traumatic Origin; Operation; Recovery.

Reported by Dr. G. Torrance, Birmingham, Ala., in the A. M. A. Jour., August 17, 1912.

A man, 25 years of age, was brought to me with a history of having been injured twelve days previously. At the time of the injury he was standing in the mines by a post near the car track, when a train of cars jumped the track and one of them struck him in the back over the region of the left kidney; the impact of the car threw him against the post. For the first four or five days he suffered pain over the kidney and passed some bloody urine; he then began to have pain over the liver, radiating around the margins of the ribs, and noticed an enlargement in the region of the gall-bladder. He had no rise of temperature and was not confined to bed all of the time.

When admitted to the hospital there was a decided enlargement over the gall-bladder with some tenderness and slight rigidity; there was a slight tinge of yellow; his temperature was normal; white blood-count was 10,500; the urine showed a trace of albumin, some pus and red blood-cells.

I concluded that he had a very much distended gall-bladder and decided to operate at once. On opening the abdomen I found the gall-bladder normal, but there was a considerable enlargement of the liver between the gall-bladder and the median line, which seemed to be nearer the surface on the under surface of the liver. This history of injury led to the diagnosis of intrahepatic hemorrhage. As the enlargement was so gradual and so recent there was some question as to whether the bleeding had ceased or not. To leave it was to invite infection and abscess formation. After the abdominal cavity was thoroughly protected with gauze packs, a trocar was passed into this bulging part of the under surface of the liver and about a pint of fluid blood was drawn off; the opening was then enlarged enough to admit two fingers for exploration of the cavity. A rubber tube wrapped with gauze and rubber dam was introduced and a gauze drain covered with rubber dam was placed beneath the liver at this point, and the omentum was packed around the drain. The patient was in good condition at the end of the operation, and was placed in bed with the foot elevated. He made an uneventful recovery.

Chronic Jaundice and Splenomegaly.

Dr. L. Guthrie, in the Proceedings of the Royal Society of Medicine, reports the case of a girl, aged 6 years, who eighteen months ago became jaundiced. Icterus has varied in intensity from time to time, but has never disappeared entirely. The urine is sometimes dark in color but usually pale, and the stools are said to be always dark brown. She often complains of feeling sick, but seems well on the whole. Past illnesses: Varicella and pertussis at 3 years, "rheumatic fever" at 5 years, and morbilli at 5½ years, followed by chorea. Has always been troubled with thread-worms. Family history: Parents, and brother and sister, aged 10 and 13 years, are in good health. No miscarriages. No children have died. Present condition: Fairly well nourished blonde. On admission to hospital, December 11, 1911, the skin, mucous membranes, and conjunctivæ were of bright canary-yellow color. Bowels constipated, motions dark, containing much mucus, but no oxyurides. Urine pale, no bile pigment, acid, 1015, no albumin. Heart and lungs normal. Liver not felt, area of dullness normal. Spleen easily palpable, extending 2 inches below costal margin. Notch not felt. Blood examination: Serum is colored deep yellow. Reds, 4,190,000; whites, 10,200; hemoglobin, 80 per cent. Differential count: Polymorphonuclears, 76 per cent.; large lymphocytes, 4.5 per cent.; small lymphocytes, 17 per cent; eosinophiles, 2.5 per cent. During three months' observation, the icterus has varied greatly in intensity but has never quite disappeared. The stools are always

dark, and the urine has never contained bile pigment. The spleen is still enlarged. The area of hepatic dullness is normal. The probable diagnosis is: Toxic hepatic cirrhosis with splenomegaly.

Appendectomy, Followed by Croupous Pneumonia; Recovery.

Reported by Dr. O. H. Kelsall, of Louisville, in the Kentucky Med. Jour., Sept. 15, 1912.

Patient, J. R., white, age 27. Had measles, parotitis and varicella in childhood. Had a severe case of typhoid fever at 17 years of age. Two years ago, last April, had a severe attack of articular rheumatism being confined to bed ten weeks. For several years past, he has had occasional attacks of abdominal cramps but never severe enough to compel him to quit work.

Patient first seen by the writer April 14th, 1912. He was found suffering with general abdominal cramps. No localized pain on pressure but with a rigidty of the right rectus so slight that the writer was in doubt about it. Temperature was normal. Further physical examination revealed a nitral regurgitant murmur at the apex, which was transmitted to the left. Lungs normal. The next day, April 15th; pain was localized over McBurney's point; rigidity of the right rectus marked but temperature only 99; pulse 76, and patient expressed himself as feeling much better. Notwithstanding this, operation was advised and accepted, the patient being operated on the same afternoon, i. e., April 15th. The appendix was found lying between the caecum and ileum and was removed without much trouble. It was gangrenous from base to tip. The abdomen was closed with a cigarette drain leading down to the stump. The patient got along very nicely for the first two days, having only slight elevation of temperature but a slight cough was noticed. On the third day, however, his cough became worse and his temperature went to 102. Physical examination revaled consolidation of the upper lobe of the right lung. In two or three days' time the patient also developed the rusty colored sputum that we generally see in croupous pneumonia. The patient began to improve after about seven days, the improvement taking place by lysis rather than by crisis. The writer supposes that this was due to the septic condition resulting from the appendix. His heart action, fortunately, remained good throughout.

The patient left the infirmary three and one-half weeks following the operation and returned to work five weeks following the operation.

An interesting question is, to what was this pneumonia due? Was it due to the ether, of which only 200 grammes were used administered by the drop method on the open cone, or was it a metastasis from the septic appendix?

Appendicitis Complicating Pregnancy.

Cases reported by Dr. Palmer Findley, of Omaha, at the annuel meeting of the A. M. A., 1912, as given in A. M. A. J.

Mrs. H., aged 32, quartipara, had a severe attack of appendicitis two years before the present attack and had since suffered from tenderness and pain in the appendiceal region with gastro-intestinal disturbances. Her fifth child was born at term, March 2, 1911, and six hours after the completion of labor the temperature reached 101.5 F.; in forty-eight hours it was 105.6 F., and the pulse was 120. There was intense pain in the region of the appendix, rapid distention of the abdomen, nausea, obstipation and muscular rigidity over the right lower quadrant. I first saw her at the end of the third day of the puerperium and operated within two hours. The appendix was not adherent but was large, congested and contained a small amount of pus. Recovery followed.

Mrs. S., aged 22, secundipara, first complained of pain in the region of the appendix three years before. In these three years she had had several moderately severe attacks of appendicitis; the last was not severe but her physican advised the removal of the appendix in view of the fact that she was again pregnant. I operated on her in the fifth month of gestation. The appendix was thickened, but contained no pus and no adhesions existed. Recovery followed and the pregnancy proceeded to term with the delivery of a healthy child.

Mrs. W., aged 28, primipara, entered the hospital in the twelfth week of gestation. Five years previously, she had her first attack of appendicitis. Since then she had had several recurrent attacks of moderate severity; the last was in the fifth week of her present pregnancy. These attacks were of moderate severity. She suffered from the usual gastro-intestinal disturbances of chronic appendicitis, and the pain in the right iliac region had been steadily increasing as the pregnancy advanced. I removed a thickened non-adherent appendix. Recovery followed without the interruption of pregnancy.

Menstrual Insanity.

Dr. Konig, in the Berliner Klin. Woch., relates a call which he places under this head.

The patient, aged 38, and of sound habit and stock, had been submitted to double craniotomy. The supposed indication is unknown. For a time following the woman became forgetful and irritable. The menses were not wholly suppressed, probably because extirpation of the ovaries had been incomplete. She now began to show distinct changes of disposition at the menstrual epoch and in the course of about three years suddenly developed suicidal and homicidal tendencies. The latter, however, were rationally conceived, for the woman's husband had seduced his own small daughter and the woman's desire to take the lives of her children culminated in the death of one of them and an attempt on her own life and that of her other child. Admitted into the asylum, the patient exhibited for six years the premenstrual alteration of character, but was otherwise normal. These cases are as a rule complicated in character. In addition to the predisposition afforded by the psychophysical inferiority of the premenstrual period, there were present the element of the artificial menopause and the effects due to the family life. both of which may have been exciting causes.

Successful Ligature of the First Part of the Left Subclavian Artery.

Dr. Newbolt, of Liverpool, at the annual meeting of the British Med. Assn., related the case of a middle-aged woman on whom he had performed this operation for aneurysm, and

showed the patient in good health. There were various lesions in the cornea and elsewhere which indicated syphilis, but iodides in the form of KI and NaI quickly produced a rash and could not be tolerated. The artery was reached by resecting a piece of the sternal end of the clavicle, for which purpose a Gigli saw was used. Two silk ligatures were applied half an inch apart, and merely drawn tightly enough to occlude the vessel. The wound was closed without drainage, and complete cure of the aneurism resulted. The author thought silk twist preferable to catgut or kangaroo tendon for ligating a large artery.

Prof. Rushton Parker, president of the Section, referred to Lister's success with catgut ligatures, and Mrs. Fullerton of Belfast and C. H. Fagge of London said they had found catgut quite satisfactory for tying large arteries in continuity.

Aortic Regurgitation with Extreme Pulsation of the Aortic Arch; Diastolic Shock and Thrill Over the Heart.

F. Parkes Weber, M.D., reports the case of a woman, aged 28, who during the last month has suffered from severe pain in front of the chest. When aged 15 she had rheumatic fever, and her heart has been said to be "weak." Above the level of the heart to the right of the sternum there is a loud systolic murmur to be heard, and pulsation can be felt, accompanied by a marked systolic thrill. There is much pulsation in the episternal notch. The cardiac apex-beat is displaced to the left axillary region. Over the aortic base there are both loud systolic and loud diastolic murmurs. Over the mid-cardiac region there is a loud diastolic murmur, accompanied by a diastolic thrill. With the flat of the hand placed over the heart the diastolic thrill can be felt as if travelling from the aortic base towards the cardiac apex. About the nipple line, in the fifth left intercostal space, a diastolic shock can be felt, which might possibly at first be mistaken for the apex-beat. The Wassermann reaction is positive.—Proceedings of the Royal Society of Medicine.

Abstracts from Medical Journals.

Diabetes and Pregnancy.

Dr. Buigel, in Deutsche Med. Woch., Sept. 5, 1912, states that but eighty cases are upon record in which pregnancy has accompanied true diabetes—a remarkable fact when we consider the frequent association of gestation with simple glycosuria. That failure of conception is due to diminished libido sexualis is difficult to believe because anaphrodisia is common enough in women who conceive readily. A more probable reason is a diabetic atrophy of the genital structures sometimes known to occur, or endometritis, which is common in diabetics. About one-third of the diabetic pregnancies have resulted in abortion. In some cases the women were healthy at conception, developing acute diabetes afterwards, but as a rule diabetes preceded conception. Gestation does not aggravate diabetes sufficiently to justify therapeutic abortion.

Cancer of the Clavicle.

Dr. G. Johansson, in Deutsche Zeit, fur Chirurgie, reports three cases and summarizes thirty-six from the literature, citing six further cases. In the last forty years at the Stockholm surgical clinic, in the total sixty-two cases of sarcoma in a bone, the clavicle was the site in three, the upper jaw in eleven and the lower in nine, the femur in sixteen. The primary mortality with cancer of the clavicle is low but there is an unusual tendency to recurrence and metastasis.

Developmental Errors of Puberty.

Dr. Fothergill, of Manchester, England, at this year's annual meeting of the British Med. Association, read a paper that's on the above subject.

Under this heading he included: (1) Infantilism, (2) hypertrophy of the cervix, (3) menorrhagia of puberty. Under (2) he said that, clinically, the most striking instances of this were protrusion and ulceration of the cervix without crystocele. Under (3) he said that curetting of the uterus showed hypertrophy of the mucous membrane and he attributed the bleeding to insufficiently developed muscle in the wall of the uterus. He said that these cases were not influenced by drugs, and if treatment by rest in bed did not cure, it was necessary to perform curetting.

Bacillus Carriers.

Dr. S. Gobernheim, in Bertiner Klin. Woch., August 12th, comments on the fact now well established that nearly every infection has a history of cases in which no appreciable symptoms were induced by it, while the prophylaxis of infectious diseases stands and falls with the control of the bacillus-carriers. He gives a table showing that of 1,832 persons examined for diphtheria bacilli (Berlin, 1910-11) they were found in 244 healthy persons, that is, in 13.3 per cent. Dysentery bacilli were found in thirteen healthy persons among 500 examined, and in thirty-three presenting symptoms of dysentery. Paratyphoid bacillus-carriers are so numerous in certain parts of Germany that this germ must be regarded as ubiquitous there, while it is comparatively rare in Berlin, being found only in the sick and the contacts.

Dr. E. E. Pribram, in Wiener klin. Woch. reviews the measures that have been adopted to date to put an end to the elimination of typhoid bacilli after recovery from the disease, but states that the results have often been disappointing and the ultimate outcome in the cases in which vaccine therapy was applied has not been published, to his knowledge. Dehler and a number of others have removed the gall-bladder without other cause than to arrest the elimination of typhoid bacilli in the stools, and a number of cases have been reported in which the stools were permanently free thereafter from the bacilli. Pribram, however, gives the details here of a case in which the elimination of bacilli continued months and years after the gall-bladder had been removed for other reasons. There was no known history of typhoid in the case, but the woman in 1904 had

resided in a house in which two persons were having typhoid. She had had two years previously attacks of gall-stone colic and she may have become infected with typhoid bacilli at that time or it is possible that she may have been infected first and may have been responsible for the two clinical cases. Her gall-bladder was removed in 1908 on account of the gall-stone trouble. In 1911 she complained of dragging pains in the abdomen and paratyphoid B bacilli were found in the stools but no typhoid bacilli. She has continued to void the paratyphoid bacilli ever since, unaffected by the most diverse therapeutic measures, including thorough courses of hexamethylenamin and chloroform. This case teaches the folly of removing the gall-bladder solely as a means to get rid of the bacilli, as they persist in this woman although she long has had no gall-bladder. Pribram urges that the public health service should keep track of bacillus carriers, and if they cannot be cured arrangements should be made to segregate them and supply means of support for them—not in idleness but in work, free from danger to the community. He cites the case of our American "Typhoid Mary" as "a brilliant instance of hygienic forethought and care on the part of the State."

The Treating of Floating Kidney.

Professor Furbringer, in Deut. med. Wochensch., No. 18, 1911, points out that a fully developed movable kidney that does not give rise to symptoms will not require treatment, and such patients should be assured of the harmlessness of their condition. If the abdominal walls are flaccid some means of support, as bandages or a corset, should be employed and will be found sufficient in the majority of uncomplicated cases. They must, however, exert pressure upon the entire abdomen from below forward and from above backward, and lift up the kidney indirectly, that is, through the subjacent abdominal contents. Rest on the back relieves the frequently recurrent pains, but he has never seen any permanent restoration of the kidney to its normal condition through prolonged use of this method. Massage, if employed at all, should be very gentle. Operative fixation of the kidney in cases where this condition causes marked disturbance and interference with work gives excellent temporary results in a large number of instances, although the end results are less promising and the procedure is not free from risk to life.

Gunshot Wounds of the Spleen.

Dr. M. Guibe, in the Revue de Gynecologie, Paris, has compiled 108 case of this kind, including several never before published. They teach that after a gunshot wound of the spleen there is grave danger of fatal hemorrhage, primary or secondary. It is difficult to suture a bullet wound in the spleen, but it was done successfully in eight of the fourteen cases in which it was attempted, and study of the fatal cases shows that no other treatment could have forestalled the fatal termination. On account of the tediousness of a suturing operation and the rarity of the indications directly calling for it, tamponing was resorted to more frequently, the records showing that this was the reliance in seventeen cases, but only seven of these patients recovered. In several of the cases the tampon did not succeed in arresting the hemorrhage. In fifty-five cases the spleen was removed at once and twenty-eight of the patients recovered. Splenectomy is simpler and easier than suturing and is safer than tamponing; drainage is not required if the operation was aseptic and there were no lesions of hollow organs. The entire material is classified and the case-histories summarized.

Operative Treatment of Gastro-Enteroptosis.

The following theses summarize Dr. J. Ransohoff's views on the operative treatment of gastro-enteroptosis:

1. Every case of visceral sagging should be studied individually, and should not be treated in a routine way, whether conservatively or by operation.

2. If after the removal of the normal or nearly normal appendix the patient continues to suffer, he should not be lightly classed among the hopeless neurotics. It is probable that the surgeon has overlooked some visceral displacements or adhesions which are the cause of the suffering.

3. A small incision in abdominal work of the kind under consideration has signal disadvantages.

4. The conclusion of the internists based on laboratory findings as, for example, after ingestion of a test-meal, cannot be made the basis of the functional capacity of the stomach under every-day conditions.

5. In many seemingly hopeless cases of gastro-enteroptosis with marked neurasthenic symptoms operation promises itself. If this is the result of suggestion it is none the less valuable if the relief is permanent.

6. While, of course, internal treatment, abdominal supports and postural treatment should be tried, operative interference should not be unnecessarily delayed lest the habitus nervosus becomes too deep-rooted to be eradicated.

7. No gastroptotic patient should be operated on unless some actual functional disturbance can be demonstrated. To relieve this must be the aim of the operation.

8. Given a visceroptosis in which we can demonstrate distinct functional incompetence or deviations, the existence of nervous phenomena does not militate against operation but may be the chief reason for performing it.

Infant Feeding.

By Dr. Jules M. Brady, in Interstate Medical Journal, July, 1912.

Discussing the subject of infant feeding as taught by the German school, the author points out that the intervals of feeding advised in Germany are at variance with those usually recommended in this country. The coagulation of milk begins within two or three minutes after it reaches the stomach, and is completed in ten minutes. The whey passes at once into the intestine and leaves the solid curd behind. The periphery of the latter is then attacked by the gastric juice; after three hours, in the case of cows' milk, the stomach has emptied itself; in the case of mother's milk, after one and a half to two hours. If more milk is taken into the stomach before it has emptied itself, the later milk flows about the curd already present and

forms layers around it. Thus, if milk is ingested regularly at short intervals, the nucleus of the curd remains undigested indefinitely. It is therefore apparent that the intervals should not be less than three hours, particularly in the artificially fed. Czerny and Keller recommend five feedings in twenty-four hours, even for young infants. The amount of each feeding must, however, be large,—3½ ounces in the early weeks.

For a healthy infant, throughout the first year, the author is of the opinion that the percentage of proteid used need not be small, and may range from 1.50 to 3.00. Particular attention must be paid, however, to the fat, which must be increased only when the infant is thriving, and should range between 1.00 and 3.50 per cent. Maltose is to be preferred to lactose on account of its favorable effect on the weight and the fact that it is less liable to bring about an intoxication—the "alimentary intoxication" of Finkelstein, the symptoms of which subside immediately on withdrawing this sugar from the diet.

Reports from Medical Societies.

Walt Ponder Conaway, M.D., Reporter.

The regular November meeting of the Atlantic County Medical Society was held at Galen Hall on Friday evening the 15th inst., at 8:30 o'clock. The attendance was much smaller than usual largely owing to the fact that several members are away on vacations and several were attending the session of the Clinical Congress of Surgeons in New York City at that time.

After the regular routine of business was transacted the guest of the evening, Dr. William E. Hughes, of Philadelphia, was introduced and the Society listened with much pleasure and profit to his paper on "Some Important Points in the Diagnosis and Prognosis of Cirrhosis of the Liver."

It is quite probable that our next regular meeting will be held at the New Jersey State Hospital at Trenton.

Our Society was represented at the Clinical Congress of Surgeons in New York City by Drs. Stewart, Marvel, Darnall, Schmidt and Conaway.

CAMDEN COUNTY.

Albert B. Davis, M.D., Reporter.

The autumn meeting of the Camden County Society was held at the usual place of meeting at noon, Oct. 8th. The meeting was very well attended, and the programme was very interesting. It consisted of papers by Dr. F. J. Kalteyer of Philadelphia, and Dr. Joel Fithian of Camden, and a demonstration of the Pulmotor by Dr. Wm. I. Kelchner, of Camden.

Dr. Kalteyer's paper was on "Peptic Ulcer." He considered the subject particularly from the clinical point of view, emphasizing especially the significance of pain as a symptom in gastric ulcer, and the differential diagnosis from duodenal ulcer.

Dr. Fithian's subject was "Placenta Previa." His paper was comparatively brief, but was to the point, and covered the subject very completely. In giving his interesting demonstration of the pulmotor Dr. Kelchner pressed into service an unresisting brother practicioner as a victim who was duly revived by the operation of the machine.

An unusually excellent dinner was served after the meeting, at which several responded to toasts. Among these the society was particularly fortunate in having present Dr. Ohrenstein of the Ancon Hospital, Colon. He has been connected for several years with the great work of sanitation being conducted under Dr. Gorgas at Panama. He spoke at some length of this work, of past and present conditions on the Isthmus, and particularly of the excellence of the sanitary conditions there to-day, giving a most instructive description of the war waged on malaria and yellow fever to achieve these results.

ESSEX COUNTY.

Frank Wilcox Pinneo, M.D., Reporter.

The Essex County Medical Society held its first scientific meeting of the season on Tuesday, November 12th, at the William Pierson Medical Library, Orange. Dr. William H. Park of the New York Board of Health Laboratories made an address on "Methods of Administering Antitoxic Sera." It was a very interesting presentation of a very live subject by a leading authority and was much appreciated by those present. The present status of the treatment of Cerebro-spinal Fever, of Tetanus and of Diphtheria had full consideration. In Diphtheria the injection of one large dose was advocated this being possible by the use of the concentrated antitoxin.

The Essex County Pathological and Anatomical Society began the season, with their usual success in a program of great interest, on Thursday October 10th. The leading feature was a paper by Drs. Martland and O'Crowley on "Teratoma Testis and Derivities." The advance work on the pathology of tumors of the testicle which has led to the conclusion that all these tumors are "mixed," and in which work Dr. Martland has had a recognized important part, was well demonstrated and the specimens were good illustrations. The following was the program:

1. Paper—"Teratoma Testis and Derivatives." (Report of specimens and lantern slides), Drs. O'Crowley and Martland; 2. Presentation of Specimen illustrating Volvulus of Sigmoid Flexure, Dr. Staehlin; 3. Presentation of Specimen illustrating Sarcoma of Tibia, Dr. Twinch; 4. Presentation of Specimens illustrating Solid Tumor of Ovary, Sarcoma of Ovary, Bilateral surface papillomata with unusual stroma, Drs. Harden, Gauch and Haussling; 5. Presentation of Specimens from Laboratory of City Hospital, Dr. Martland.

The Pathological Society also met on Thursday, November 14th, presenting the following program:

1. Symposium on Anaphalaxsis and Serum Disease: (a) Report of a case of Anaphalaxsis due to injection of serum; (b) Discussion, opened by Drs. Connolly, Teimer and Strasser; (c) Members who have had clinical experience with such cases are requested to report. 2. Demonstration of specimens of: (a) Surgical Kidney, with calculi and a superimposed tuberculosis; (b) Brain tumor, involving the Genu of the

Corpus Callosum and producing internal hydrocephalus, Dr. Staehlin. 3. Report of a case of unusual Lymph-gland Disease, with demonstration of specimens, Dr. Lowrey; discussion by Dr. Horsford. 4. Demonstration of specimens of: (a) Tuberculous Epididymitis; (b) Goiter specimen, Dr. Hagerty. 5. Demonstration of an unusual tumor of the breast, gelatinous adeno-carcinoma of the breast, Dr. Edw. J. Ill. 6. Demonstration of specimens, illustrating Placenta duplex, with accessary placentae; Liver, showing eclampsia lesions; Palovarian Cyst; Diverticulum of appendix, Dr. Martland.

The Public Health Education Committee of the County Society, as reported last month, has published a plan for lectures for the people which calls for the co-operation of all the Society members in finding organizations which have audiences which might be addressed on medical topics by lecturers provided by us. A noteworthy success is in the first such joint meeting. The "Contemporary" Club of women meet Tuesday December 3rd, at 10:30 A. M., at Wallace Hall to hear Dr. Richard C. Cabot of Boston, whom this committee secured for them at their request, and to this meeting all the members of the Essex County Medical Society are cordially invited. Admission will be by simple presentation of the member's name.

The Newark Board of Health has issued a long needed printed postal card having suitable blanks for easily reporting any of the 30 reportable contagious diseases. As this facilitates the reporting, every physician should cordially help in making more perfect the public records of vital statistics on births, deaths and contagious diseases. Work on the new building for the Board of Health in William Street is under way.

The Newark City Hospital has inaugurated a systematic plan for informing all the members of the medical profession in Essex County of the hours when rounds are made and surgical operations done and inviting them to come, at their pleasure, as onlookers. The schedule follows:

Medical. Rounds, 10 A. M. daily. Surgical. Rounds, 11.30 A. M. daily. Operations, 8 A. M., Monday, Tuesday, Thursday, Friday. Gynecological. Rounds, 11 A. M., Tuesday, Friday. Operations, 8 A. M., Wednesday, Saturday. Genito-Urinary. Rounds, 9.30 A. M., Friday. Operations, 3.30 P. M., Wednesday. Anesthesia Demonstrations, 8 A. M., Monday. Orthopedic. Rounds, 3 P. M., Wednesday. Neurological. Rounds, 3.30 P. M., Tuesday. Dermatological. Rounds, 4.00 P. M., Wednesday. Pediatric. Rounds, 11 A. M., Wednesday, 12 M. Monday. X-Ray. Rounds. 3.00 P. M., Tuesday, Friday.

The William Pierson Medical Library Association had its first lecture of the season on Tuesday, November 19th. Dr. Wm. J. Lederer of the German Hospital, New York, read a paper on "The Teeth and Jaws in Health and Disease."

The Academy of Medicine of Northern New Jersey has begun its second season of Section meetings. The monthly folder giving dates and programme may be had for the asking. The Library has been stocked during the summer with a useful line of books and it is aimed to make the room attractive to readers.

The Clinical Congress of Surgeons of North America in New York drew a good attendance from Essex County, which also had a place on its program of clinical demonstration. The joint meeting in Philadelphia, November 12th of the New England, New York, New Jersey and Philadelphia Pediatric Societies as guests of the last named was attended by a number of our members. Dr. Coit was on the programme, presenting his cheme for scoring on cards the viability of infants.

HUDSON COUNTY.

William Freile, M.D., Reporter.

Regular meeting of the Hudson County Medical Society held Nov. 6, 1912. Called to order by Dr. Wallace Pyle, President. Resignation of Dr. Theo. J. Jaequemin, 506 Clinton avenue, West Hoboken, was received and accepted with regret.

Dr. F. D. Gray moved to amend by-laws so as to make annual meeting fall in October; also an amendment so that unfinished business should have the precedence of clinical cases and reading of papers: also that a committee be appointed to bring the by-laws up to date, and have each member supplied with a copy. The chair appointed Drs. Gray, Haskings and Brinkerhoff.

Dr. Rosenkranz called attention to the fact that in some children persistent cough with none of the usual causative factors present, was due to chorea, the result of a twitching in the fauces. Arsenic and iron will cure these cases. He also referred to lame back, and thought that many of these cases were the result of a certain amount of dislocation in the sacro-iliac synchrondrosis, and by being treated as such would show prompt relief.

Dr. Purdy doubted whether such slight dislocation could be shown by X-ray, and recalled the fact that it was difficult to produce a dislocation in this site on the cadaver, and thought that tendon strain explains many of these cases.

Dr. F. D. Gray narrated the case of a woman who seven years ago came to operation for gall bladder disease. The operation was abandoned, because even under complete anaesthesia the patient never relaxed. Last June repetition of same gall bladder symptoms, good relaxation secured and operation performed, when dense adhesions were disclosed. To cover damage to pylorus, considerable infolding was necessary. A few weeks after the patient returned home she began to complain of inability to take and retain solid food. The infolding mentioned was considered as a possible cause, and was thought perhaps to have caused some constriction. Patient then mentioned she thought she had trouble further down. Examination revealed a large fibroid. With Dr. Faison present, a hysterectomy was performed. At the site of the pyloric repair some adhesions were found, but no dilatation of stomach. As the patient can now take a mixed and liberal diet without distress, the stomach symptoms were undoubtedly the result of the pressure from the fibroid tumor which was the size of a head, and had undergone carcinomatous degeneration.

The speaker cited a case of intestinal obstruction, and emphasized the fact that even if an apparent cause has been found, we should

never be satisfied until we have proved the patentcy of the gut.

Dr. Faison told of a patient fifty years old—symptoms of indigestion with lumps in the vicinity of left kidney, which at operation turned out to be a cyst of the tail of the pancreas, and was easily shelled out. He had visited Dr. Crile recently, and told of his methods of producing anoci-association.

Dr. Geo. E. McLaughlin narrated the case of a man sixty years of age who had died with a peculiar lung condition, thought to be fibroid phthisis. A section of upper portion of left lung showed a typical carcinoma. These cases are not so rare, and yet not very common. He stated that investigations by Dr. Richardson of Boston showed that in epidemic poliomyelitis the common biting fly which frequents stables, might be the carrier, and that Dr. Roseneau of Washington had proved this by use of monkeys.

Dr. Olpp recited a case of hemophilia, benefited by transfusion, using Brewer's tubes, and described the technique, etc.

Dr. Lambert told of a two months' child who began to moan. Temperature 103. Lungs clear. Gastro-intestinal tract normal. The next morning the child was dying of meningitis. Spinal puncture showed a pneumococcic infection.

Dr. De Merritt recounted a case of suppurating appendix that came to operation. Two days afterwards a knuckle of gut burst, and the patient set up a subcutaneous emphysema involving the arms, chest and belly. This disappeared in one week. Dr. DeMerritt described the pathology of this condition.

Dr. Wallace Pyle mentioned a case of hemophilia (which had occurred in the practice of a colleague) following tonsils and adenoids, and which was somewhat controlled by the use of human serum, with calcium chloride, but which at the last report (thirteen or fourteen days since operation) was still oozing.

The paper of the evening by Dr. A. B. Jaffin was entitled "The Use of Salvarsan in Syphilis." The discussion was opened by Dr. C. H. Purdy, and Dr. W. L. Pyle, and was joined in by Drs. Lambert, DeMerritt, Matthews, Franklin, McLaughlin, Harold Brown and Lathrop. We regret that lack of space will not permit a full record of the comments. Dr. Jaffin's paper is forwarded herewith. (The paper will appear in the next issue of the Journal.

MERCER COUNTY.

Walter A. Taylor. M.D., Reporter.

The Mercer County Medical Society held a special meeting October 31, 1912, at the City Hall, to discuss the proposed increase in telephone rates by the.

A committee from the Retail Druggists' Association met with the Society. The Society appointed a committee to cooperate with the druggists and other bodies who are opposing this unwarranted increase.

The Mercer County Society held its annual banquet at the Trenton Country Club, November 12, 1912. The banquet was well attended; all enjoyed an excellent dinner and spent a pleasant social evening.

No papers were read and no business was transacted, but several impromptu speeches were made by the members present at the banquet. The following members attended: Drs. C. F. Adams, H. D. Bellis, W. S. Collier, C. J. Craythorne, Samuel Freeman, E. B. Funkhouser, F. S. Hammond, E. S. Hawke, C. H. Holcombe, M. B. Kirkpatrick, W. S. Lalor, J. O. McDonald, J. J. McGuire, G. R. Moore, H. R. North, N. B. Oliphant, G. H. Parker, C. H. Read, M. W. Reddan, W. C. Sandy, F. G. Scammell, Samuel Sicca, G. N. J. Sommer, W. A. Tayor, I. F. P. Turner and Wilbur Watts, of Trenton, and George E. Titus and William L. Wilbur of Hightstown.

MORRIS COUNTY.

E. Moore Fisher, M.D., Reporter.

On November 6, 1912, the Morristown Medical Club met at Day's, Morristown. The guests of Dr. William G. McCormack of Whippany. The subject for discussion was "The Present Status of the Wasserman Test." The host opened the discussion with a well written and instructive essay. After a brief statement of the technique of the Wasserman test, the Doctor proceeded to give his opinion of it as an aid to the diagnosis of syphilitic conditions. He showed by statistics that in many persons who asked advice as to possibilities following marriage soon after infection, the forthcoming results could be almost positively prognosticated and unpleasant complications in this way would be often prevented. The doctor also gave the percentages found by various physicians in which the Wasserman was positive in the different stages of syphilis. He further stated that diox of cliamidoarsenobenzol after one treatment often changed a positive test to negative and that the exhibition of iodide of potassium or mercury had a tendency to lessen the value of the test. A case was cited when the stopping of large quantities of alcohol taken in the form of champagne resulted in a condition when the test was positive through many previous findings had been negative.

In the discussion that followed, several physicians said that the Wasserman had been found to be positive in conditions that certainly were not syphilitic, but admitted that this did not rule out the possibility of a previous luetic infection. It was thought that the Wasserman test and the administration of salvarsan were not yet so simplified as to be a part of the usual work of a general practitioner, but that those who had training in the proper technique would have of necessity to be called upon, the successful use of either of them as they involved special knowledge and needed considerable time. It was stated that in general paralysis of the insane, the test was of benefit to the practitioner as a means of diagnosis, though if positive the prognosis was not such as he might best like to make known to the friends of the patient. The benefit of salvarsan in these cases was considered to be of doubtful value as the improvement following its use was not readily differentiated from the frequent remissions found in the course of this disease.

After a collation the meeting adjourned.

OCEAN COUNTY.

William G. Schauffler, M.D., Secretary.

The annual meeting of the Ocean County Medical Society took place at the office of Dr. W. G. Schauffler, Lakewood, on November 13th,

1912. There were present nine members of the Society, more than half the membership. A committee was appointed to drawn up suitable resolutions on the death of one of the Society's charter members, Dr. R. L. Disbrow, of Toms River.

Three new members were elected to membership in the Society: Dr. Frank Brouwer, Toms River; Dr. Oran A. Wood, Forked River; Dr. F. N. Bunnell, Barnegat.

The following officers were elected:

President, Stewart Lewis, Lakehurst.

Vice-President, E. G. Herbener, Lakewood.

Secretary, W. G. Schauffler, Lakewood.

Treasurer, I. H. Hance, Lakewood.

Reporter, R. R. Jones, Toms River.

Annual Delegate to the State Society, A. M. Heron, Lakewood.

Regrets were received from Dr. W. H. Iszard, councilor of the State Society, for the necessary absence from the meeting.

It will be noticed that the Ocean County Society has for the past five years held its annual meeting in the fall.

SALEM COUNTY.

John F. Smith, M.D., Reporter.

The regular meeting of the Salem County Medical Society was held at the Schaefer House, Salem, on Wednesday Nov. 6th, at 2 P. M. The president, Dr. W. T. Hilliard in the chair.

An amendment to the Constitution was read changing the annual meeting from May to October, and was laid over until the next meeting for adoption; another amendment, that the meetings of the Society be held in May, October and February instead of May, November and February, was also laid over until the next meeting.

Resolutions concerning the death of Dr. Henry Chavanne, our secretary and treasurer, were read and approved. Dr. John F. Smith was elected secretary and treasurer to fill the unexpired term of Dr. Chavanne.

Dr. Clarence P. Franklin of Philadelphia read a very interesting paper on "Eugenics from the point of view of the Ophthalmologist." This paper was ordered sent to the State Journal for publication.

After the regular dinner the Society adjourned to meet in Woodstown the First Wednesday in February, 1913, at 1:30 P. M.

PRACTITIONERS' SOCIETY OF EASTERN MONMOUTH

William B. Warner, M.D., Secretary.

A regular monthly meeting of Practitioners' Society of Eastern Monmouth was held at Thomas' Rumson Inn on the evening of November 14, 1912.

Dr. Harry B. Slocum of Long Branch read a paper on "Rheumatism" which was the topic for the evening.

Discussion was opened by Drs. D. E. Roberts of Keyport and R. B. Wilson of Red Bank.

After adjournment a banquet was served in the dining room of the Inn, Dr. John Taylor of Asbury Park being the host for the evening.

The Society has been a success from the day of its organization twelve years ago.

The meetings are monthly, and the Society has never failed to hold a meeting nor to have a paper read and discussed.

The membership at present is forty, and the attendance averages from fifty to eighty per cent.

The officers who were elected at the October meeting for the ensuing year are:

President, W. W. Beveridge, of Asbury Park.

Vice-President, W. K. Campbell, of Long Branch.

Secretary, W. B. Warner, of Red Bank.

Treasurer, Harry B. Slocum, of Long Branch.

Committee on Medical Education—R. S. Bennett, J. A. Hill and W. A. Robinson, all of Asbury Park and Ocean Grove. The Society meets on the evening of the second Thursday of each month at the homes of the members.

SUMMIT MEDICAL SOCIETY.

William J. Lamson, M.D., Secretary.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club, Friday, October 25th, 1912, at 8:30 P. M. Dr. T. H. Rockwell entertaining and Dr. R. H. Hamill in the chair.

The following members were present:

Doctors Baker, Bebout, Campbell, English, Gorton, Hamill, Jacquith, Keeney, Lamson, Lawrence, Meigh, Moister, Pollard, Prout, Rockwell, Smalley, Stites, Wolf and Krauss.

The following guests were also present:

Dr. Morris Manges, Dr. Wells of New York, Dr. F. C. Jones of Basking Ridge, and Dr. Bowles and Dr. Tweddell of Summit.

On motion the minutes of the previous meeting were dispensed with.

Dr. Morris Manges of New York read the paper of the evening on "The Mouth From a Diagnostic Standpoint." He said that the importance of a thorough examination of the mouth was very frequently overloooked. The mouth symptoms, as a rule, do not cause pain and are not noticed by the patient, but a great deal of information can be derived by the physician. The circulation of the gums and mucous membranes afford a valuable clue to the condition of the general circulation.

The odor of the breath is very important. A sweetish odor being characteristic of acetone. In attacks of vomiting acidosis would be found in a large number of cases. Cyclic vomiting, in the majority of cases, he considers to be due to acidosis. These conditions, especially when accompanied by pain in the abdomen, may be mistaken for appendicitis or other abdominal conditions requiring an operation.

In acute infectious diseases, the mouth symptoms are often characteristic and among the earliest signs. In typhoid fever, in about five to eight per cent. of the cases, typical ulcers may be found occurring about the seventh to tenth day which are absolutely characteristic and analogues of the ulcers in the Peyers patches.

The mouth lesions accompanying skin diseases may be an extension from the skin, or isolated in the mouth and not occurring in the skin. In Lichen Planus the lesions are millet shape. Among the drugs which cause lesions in the mouth (usually very painful) are Antipyrin, Aspirin, Phenacetin, etc.

Angioneurotic œdema of the mouth may lead to œdema of the glottis and sudden death. Pigmented areas may appear in the mouth in normal cases and should not be considered diagnostic of Addison's disease. They may also occur in mercury, lead, silver and bismuth poison. The latter is not uncommon on account of the use of bismuth in X-ray work and fistulæ. The symptoms come on three weeks after giving the bismuth, and consist of small bluish ulcers of the gum, around the wisdom teeth, extending to the under surface of the tongue, of irregular contour; and there is an accompanying fever and albumin uria and other gastro-intestinal symptoms. The entire colon may be stained blue and covered with necrotic ulcers.

Blood Diseases. In pernicious anemia, bleeding from the gums is a frequent symptom. In leukemia there are characteristic foul ulcers and dirty patches when the diagnosis is established by the examination of the blood.

Pyorrhea Alveolaris. This condition is often neglected by physicians. A good stomatologist can differentiate by inspection, between the diabetic, nephritic or other pyorrheas. The gums are poorly supplied with cappillaries and hence the circulation is slow and favors the development of poisons and germs.

Value of Inspection. Many general conditions may be traced to local conditions in the mouth alone, tonsils, teeth, uvula, etc. The proper care of the mouth is very important for the comfort and progress of the patient in acute illnesses. In some cases there seems to be a definite relation between tonsilitis and nephritis.

In discussion, Dr. Baker said that in cases where hydrogen sulphide was excessive in the bowel, the odor of the breath is sometimes characteristic.

Dr. Lawrence spoke of infectious arthritis from diseased tonsils. He had seen two cases of nephritis due to tonsilitis.

Dr. Bowles mentioned a case of rheumatism and pericarditis due to infection from a carious tooth.

Dr. Lamson spoke of the importance of examination of mouths in school children.

Dr. Wells said that infectious diseases are sometimes diagnosed by mouth symptoms. He mentioned a case in which attacks of appendicitis were accompanied with tonsilitis, and on the removal of the appendix, the attacks of tonsilitis ceased.

Dr. Jacquith said that the routine examination of the mouth in life insurance examinations, should always be made. This is especially important in syphilis and malignant diseases.

Dr. Krauss mentioned a case of "aplastic anemia" in which the chief symptom was persistent bleeding from the gums and nose. The blood count showed 2,000 leucocytes, 97 per cent of which were lymphocytes, really an acute leukemia.

Dr. Tweddell said that acidosis was frequently due to an excessive amount of milk. He had found that the symptoms were best relieved by colonic irrigations of bicarbonate of soda.

A vote of thanks was unanimously given to Dr. Manges for his valuable and practical paper. The meeting adjourned and a social hour was enjoyed, with refreshments.

ASSOCIATED PHYSICIANS OF MONTCLAIR AND VICINITY.

This Association has arranged an excellent program for the season of 1912-13. Two sessions have been held, one October 28, when Prof. J. C. Edgar of Cornell University read a paper on "Some Studies in Obstetrics" and Nov. 25, Dr. Robert T. Morris of New York spoke on "The Role of Intestinal Toxins in Producing Surgical Conditions."

The following are arranged for the future:

Dec. 23, Dr. Joseph Collins, New York, on "The Early Interpretation and Treatment of the Commoner Psychoses"; Jan. 27, Dr. John B. Deaver, Philadelphia, subject to be announced; Feb. 24, Dr. L. E. La Fetra, New York; March 24 Dr. W. H. Dieffenbach, New York, on "The Value of the X-ray as a Diagnostic Agent"; April 28, Dr. Ellsworth Eliot, Jr., New York, on Conditions Simulating Appendicitis"; May 26, Dr. R. S. Copeland, New York, on "Eye Symptoms and Conditions of Importance to the General Practitioner." The meetings are held at the Montclair Club.

NATIONAL ASSOCIATION FOR THE STUDY OF PELLAGRA.

The second triennial meeting of this Association was held in Columbus, S. C., October 1-4 and the following officers were elected: President, Dr. C. H. Lavinder, Savannah, Ga., U. S. P. H. Service; vice-presidents, Drs. J. F. Siler, Fort Sam Houston, Texas, Captain, M. C., U. S. Army, and Dr. C. C. Bass, New Orleans; secretary, Dr. J. W. Babcock, Columbia, S. C.; treasurer, Dr. J. A. Hayne, Columbia, S. C., and directors, Drs. J. J. Watson, Columbia, S. C.; P. E. Garrison, Washington, D. C., U. S. Navy; K. H. Beall, Fort Worth, Texas, and L. J. Pollock, Hospital, Ill. In the resolutions adopted at the close of the meeting, the association reiterated the belief, formerly expressed, that the ultimate cause of pellagra is unknown, but that, in view of the indictment against "spoiled corn," measures should be taken to provide an enactment to prevent its sale and consumption; that no satisfying evidence has been submitted to show pellagra to be directly transmitted from man to man; that it deems measures of quarntine and isolation unnecessary and unwise; that no specific remedy for pellagra is known at present, and that, recognizing pellagra as a matter of national importance, it hopes that Congress will appropriate funds for the extension of the work.

AMERICAN SURGICAL ASSOCIATION.

consisting of Dr. William L. Estes, South Bethlehem, Pa.; Dr. Thomas W. Huntingdon, San Francisco; Dr. John B. Walker, New York; Dr. Edward Martin, Philadelphia, and Dr. John B. Roberts, Chairman, 313 S. 17th street, Philadelphia, to report on the operative and non-operative procedures of closed and open fractures of the long bones and the value of radiography in the study of these injuries. Surgeons who have published papers relating to this subject within the last ten years, will confer a favor by sending two reprints to the chairman of the committee. If no reprints are available the titles and place of publication are desired.

NATIONAL CONFERENCE ON HOUSING.

The second National conference on Housing in America will be held in the Bellevue-Stratford, Philadelphia, December 4-6, 1912. An unusual opportunity to study some of the best features of America's efforts at solving the housing problems is here offered to health officers and all other interested.

The circular which has been issued by Dr. J. S. Neff, Director of the Department of Public Health and Charities, of Philadelphia, says:

"We know of no event which promises to be of so great importance to health officers and health departments of the country as the taking up of the housing problem on a national scale, and we urge all health officers, members of health boards and bureau heads dealing with sanitary control, and all others interested, to attend.

Each morning automobile trips will be taken to inspect Philadelphia's housing conditions. There will be a Round-table Luncheon each noon to hear three minutes' reports of progress. Afternoon and evening sessions will be held, when papers will be presented and discussed by able men as follows:

Health Departments and Housing; What is the best Type of Workingmen's Houses? Regulation by Law; Garden Cities; Instructive Sanitary Inspection; Financing the Small Home; Property Divisions, lot depth, height regulation; Suburban and Rural Housing; Room Over-crowding and the Lodger Evil; the Factory and the Home.

A unique feature of this year's conference is the "Open Discussion Meeting," on Thursday evening, with five minute talks on the following subjects: Should we Encourage the Workingman to own his own home? Should a housing law apply to one family and two family houses as well as to tenements and how should they be differentiated. To what extent are the tenants responsible for bad housing conditions? How shall we solve the alley problem? How can we get rid of the privy vaults?

On Friday evening, Dec. 6, a banquet will be given to the members attending the conference, at the Bellevue-Stratford Hotel, by the citizens of Philadelphia.

N. J. SANITARY ASSOCIATION.

The 38th annual meeting of the New Jersey Sanitary Association will be held in the

Laurel-in-the-Pines Hotel,

Lakewood, Dec. 6th and 7th, 1912.

An excellent program has been arranged as follows: Recent Methods of Water Purification by Dr. J. L. Leal; Fire-Proof Construction of Buildings, J. B. Duncklee, C. E.; Medical Supervision of Schools, Dr. Edward A. Ayers; Mental Hygiene, Dr. W. G. Schauffler; Phthisiophobia, Dr. T. W. Harvey; Mosquito Control in Essex County, Dr. Ralph H. Hunt; the Sleeping Sickness, with stereopticon views, Dr. G. K. Dickinson; Disposal of Trade Wastes as Regards the Protection of Streams, Dr. W. P. Mason, of Troy; Sanitary Control of Municipal Milk Supply, Dr. C. E. North, New York; Public Health Laws of the State, Upheld by the Courts, Health Officer C. H. Wells; Oyster Industry in New Jersey, R. B. Fitz Randolph, Ph.D. The President's Address, by Morris R. Sherrerd, C.E., of Newark, will be delivered Friday evening, Dec. 6th.

Home for Physicians' Widows and Orphans.

A Home has been opened in Baltimore, Md.—1615 Bolton street—which admits without entrance or other fee the destitute widow and orphans of reputable physicians.

This charity is dependent for maintenance on subscriptions, and it is hoped that a sufficient amount will be subscribed to provide a permanent endowment fund. Mrs. E. F. Cordell, the president of the Association says: "The poorhouse stares many in the face; we are trying to save them from such humiliation and disgrace."

President Taft Honors Dr. Carrel.

The President of the United States, the French Ambassador, a distinguished body of scientists and the students and faculty of the College of the City of New York, gathered in the great hall of the institution, November 16th, in celebration of the honor accorded this country in the recent award of the Nobel prize for medicine to Dr. Alexis Carrel, of New York, in recognition of his work in the Rockefeller Institute for Medical Research.

Introduced by President Finley, of the college, Mr. Taft spoke briefly, chiefly in praise of Dr. Carrel. To the expression by Dr. Finley of the hope that, the Taft administration over, Mr. Taft would continue to be a stanch personal friend and a friend of the college, the President replied: "If I interpret your president's remarks correctly, you don't quite appreciate your blessings until they have taken flight."

The students cheered.

Dr. Carrel spoke modestly of his work, praising Dr. Flexner and others whose efforts at the Rockefeller Institute had made it possible. M. Jusserand spoke part in French and part in English, reviewing Dr. Carrel's career and the significance of the Nobel prize.

Doctors Elected to Office in November.

Dr. William E. Ramsay, Perth Amboy, Middlesex county, to the State Senate. (Dr. Thomas Barber, of Phillipsburg, Warren County, is also a member of the Senate, elected last year.

Dr. Henry O. Carhart, Blairstown, Warren county, was elected a member of the Assembly.

Drs. Victor Mravlag, Elizabeth, O. H. Sproul, Flemington and Samuel A. Muta, West Orange, were elected as Mayors of their respective cities.

Dr. Otto C. Thompson, Lakewood, was elected surrogate of Ocean county.

Dr. Howard A. Wilson, Woodbury, was elected Coroner of Gloucester County.

Dr. H. L. Harley, Pleasantville was elected Coroner of Atlantic County.

THE JOURNAL
OF THE
Medical Society of New Jersey

DECEMBER, 1912

All papers, news items, reports for publication and ny matters of medical or scientific interest should e addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

PUBLICATION COMMITTEE:

Wm. J. Chandler, M. D., Chairman, South Orange
Edward J. Ill, M. D., Newark.
Ellis W Hedges, M. D., Plainfield.

Each member of the State Society is entitled to re-eive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the act.
All communications relating to reprints, subscrip-ions, changes of address, extra copies of the Journal books for review, advertisements, or any matter per-aining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange N. J.

Statement Made Under New Postal Law in Compliance With the Act of Congress, August 24th, 1912.

Statement of the ownership, management, circulation, etc., of Journal of the Medical Society of New Jersey, published monthly at Orange, N. J., required by the Act of August 24, 1912.
Editor, David C. English, New Brunswick; business managers, Publication Committee, Wm. J. Chandler, Chair., South Orange; publisher, Orange Publishing Co., Orange, N. J.; owners, Medical Society of New Jersey, Orange.
Known bondholders, mortgagees, and other security holders, holding 1 per cent. or more of total amount of bonds, mortgages, or other securities: None.

William J. Chandler,
Chairman Com. Pub.

Sworn to and subscribed before me this first day of November, 1912,

Frederic B. Taylor,
Notary Public of New Jersey.
(Seal.) (My commission expires Nov. 23, '16.

It is with profound regret we announce the death of Dr. John D. McGill, of Jersey City, a Fellow and Trustee of our Society.

We regret that so much matter for the Journal—especially county society reports—was received at so late a date that we are compelled to omit this month two excellent papers by Dr. R. S. Fowler, of Brooklyn, on "Post-Operative Complications of Abdominal Section," and by Dr. S. A. Cosgrove of Jersey City, on "Teeth and Disease." They will appear next month.

The editor expresses his sincere hope that every reader of our Journal found abundant occasion for thanksgiving on November 28th—the day appointed for public and private expression of thanks—and also his desire that the thanksgiving spirit shall continue and that each one may thus be enabled to enjoy to its full a

Merry Christmas,

and that the holiday season may be a fitting preparation for the more devoted and successful new year that shall follow.

It was one of our causes for thanksgiving last week that the recent election gave us two such competent men as Drs. William E. Ramsay and Henry O. Carhart, as members of the Legislature, to watch and promote wise legislation for safeguarding the health interests of our State. The former was elected Senator and the latter as an Assemblyman.

We call special attention to the annual meeting of the New Jersey Sanitary Association, at the Hotel Lakewood, December 6th and 7th, and also to the Second National Conference on Housing in America at the Bellevue-Stratford Hotel, Philadelphia, December 4-6. They will be exceedingly interesting and profitable to all our members who are interested in matters of public health—that surely ought to include every physician. Notices with preliminary programmes appear elsewhere in this issue of our Journal.

INSECTS AS CARRIERS OF INFECTIOUS DISEASES.

Scarcely second in importance to bacteria, the primary agents in infectious diseases, are parasites and other insects, the active and often indispensable mediums in the spread of such diseases. This question has not been exhaustively studied, and it is possible that scarcely more than a beginning has been made in determining what insetcs may act as carriers. Mention need hardly be made of the two species of mosquito, the house-fly, the flea, the tick, etc., as well-known carriers. Surgeon M. F. Gales of the U. S. Navy states in a recent bulletin that on shipboard roaches, to which hitherto little attention has been paid as carriers of disease, are responsible for the spread of typhoid, diphtheria, tonsiltis and tuberculosis. If this is possible on board

ship it is no less possible in the congested quarter of cities, tenements, rooming-houses and especially hospitals. The experiments of Dr. M. J. Rosenau of Harvard, recently reported before the International Congress on Hygiene and Demography, says *The Journal of the American Medical Association,* indicate that infantile paralysis may be carried by the common biting or blood-sucking stable-fly.

Communities must perforce depend largely on medical men and boards of health for the prevention of disease. Therefore medical men and boards of health must know not only what agents may act as carriers, but also what means may be of service in exterminating the pests.

NEW JERSEY SURGEONS.

We extend hearty congratulations to the surgeons of New Jersey and wish great success to the "Society of the Hospital Surgeons of New Jersey," which it was decided to organize at a meeting held in Trenton, November 22 at which 32 hospital surgeons were present, Dr. R. M. Curts, of Paterson acting as temporary chairman and Dr. G. N. J. Sommer, of Trenton, as secretary. A delightful banquet at the Trenton House followed. The policies are to be determined at a subsequent meeting for permanent organization, but the meetings will probably be largely clinical in character.

SURGEONS' CLINICAL CONGRESS.

In opening the first literary session—the President's meeting—of the Clinical Congress of Surgeons in New York, Dr. George E. Brewer very properly characterized this Congress as the largest body of surgeons that had ever met in the history of the world, and, we believe, he might have added as able a body as ever had convened. The platform that evening showed it, with such eminent men facing the vast audience, in the great Waldorf-Astoria ball room, as Drs. Otfrid Foerster of Breslau, Germany; W. Arbuthnot Lane of London, A. J. Ochsner and John B. Murphy of Chicago, William J. Mayo of Rochester, Minn., George E. Brewer and Robert F. Wein of New York, Edward Martin of Philadelphia and President Jacobi and President-elect Witherspoon of the American Medical Association, several of whom made brief congratulatory addresses in addition to the admirable papers presented by President Ochsner, President-elect Martin and Drs. Mayo, Taylor and Peck.

As Dr. Murphy observed—those attending the Congress were brought face to face with the best teachers and clinical opportunities that the present time afforded; each received an inspiration and each would become in his own locality a standard of medical procedure and practice, and he was justified in saying that this organization surpassed anything so far thought of for standardizing the principles and practice of surgery. The address of President Ochsner was a masterly one. He spoke of the time when wealth, victory in combat or personal aggrandizement was the measure of man's greatness, but now personal service was the prime element of achievement and he impressed those present with the thought that if they were thus only to improve themselves personally, this Congress was a failure, but if it gave better service to the people then it was a careful element in American progress. He said that the great surgeons of this country had acquired their greatest knowledge and skill after leaving medical schools and that if one shall select ten men who rank highest to-day, not more than three or four would be found who had had a university education. It was the man who had been inspired and who worked constantly who had risin to high rank.

The papers read at the various evening sessions were all of a high order of excellence, and the clinical instruction given at more than one hundred hospitals and other public and private institutions in New York and Brooklyn was of immense practical advantage to the vast numbers who were privileged to attend. The venerable Dr. Stephen Smith said at the concluding evening session that it was gratifying to him to have lived to see the day when the advantages of clinical surgery were recognized. He compared the surgery of former days, when anesthetics and asepsis were not used, with that of the present time and said that at that time they were as much amazed at the work of Drs. Mott and Rogers, as they of the present time were amazed by the operation for the transplantation of kidneys or bone, or perhaps as they would soon be by the transplantation of brains.

We give below an editorial from the MEDICAL RECORD on the recommendations of the Congress to which we may refer in our next month's issue. We could hardly give too much credit to Dr. Franklin H. Martin of Chicago, for the success of this and the two former Congresses. He was the founder of the organization and the

most indefatigable worker in its development, whose modesty keeps from the full recognition he deserves. The following officers were elected for the ensuing year: President, George Emerson Brewer of New York; vice-president, Dr. W. W. Chipman, of Montreal, Canada; general secretary, Dr. Franklin H. Martin of Chicago; general treasurer, Dr. Allen B. Kanshiel of Chicago; chairman of the Committee on Arrangements, Dr. E. Willis Andrews of Chicago. Chicago was selected as the next place of meeting.

The Recommendations of the Surgical Congress.

From the Medical Record, Nov. 23, 1912.

Of the two recommendations made by the Surgical Congress at its closing session last week, the one calling for public instruction regarding the nature of uterine cancer and the need of early diagnosis and early operation in such cases must meet with the hearty approval of every medical man. Operation for cancer is a desperate remedy, but in the present state of the therapeutics of that disease it is the only one that offers any hope; and therefore until some one of the many workers in that field shall have discovered a specific the knife remains our only resource. Therefore it is very proper that women should be taught the necessity of seeking medical advice at the first sign of any trouble with the pelvic organs. Many times, fortunately, they will learn that the trouble is not serious, but now and again such prompt notice of slight symptoms will lead to the diagnosis of an incipient cancer, and this to early operation and possible cure.

Regarding the second recommendation, namely, that a special surgical degree be established, to be given by the colleges only after a special course of post-graduate study, and that the right to practise surgery, major surgery at least, be granted only to the possessor of such a degree, there is room for considerable discusion. Such a setting apart, and above, of one branch of the medical profession would not be looked upon with entire favor by the general practitioner, and it would not be surprising if any attempted legislation looking to that end aroused a decided opposition within professional ranks. The medical student is compelled, and rightly, to devote a large part of his college course to the study of surgery and surgical anatomy and he might justly claim that his time and his money has been wasted if he is to be debarred from putting such knowledge as he has acquired to practical use. The internist might also retaliate by demanding that the man with the new surgical degree should be debarred from general medical practice unless he could prove his right to such practice by a supplementary degree obtained by special post-graduate work in internal medicine. It is doubtful whether the needed legislation could be secured, for the tendency is rather the other way. In this State, for example, no distinction is made in the examination between the different schools, therapeutics having been removed from the list of subjects, a knowledge of which is demanded of candidates.

There is much, however, to be said in favor of this recommendation for a special degree and there will be time for its discussion after it has been definitely formulated by the committee appointed to work out the details. The members of this committee are men of high professional standing and of sound judgment and whatever the conclusions of their deliberations may be, we may be sure they will be worthy of the respectful consideration of the profession at large.

CONFERENCE OF STATE SECRETARIES.

One of the most important meetings since the reorganization of the American Medical Association at St. Paul, in 1901, was the Conference of the Secretaries of State Societies, called by the Committee on Uniform Regulation of Membership at the Association headquarters, Chicago, October 23 and 24. This committee was appointed in 1908, in accordance with a recommendation made in the Secretary's report for that year. At the Atlantic City session, last June, the committee summarized its reports for the last four years, and recommended that a conference of State secretaries be authorized to consider the entire question of membership conditions in the county, State and national organizations. This recommendation was referred to the Board of Trustees and a conference between the committee and the State secretaries was authorized by the Board of Trustees, to be held at the same time as the October meeting of the board. Appropriations were made for paying the expenses of all State secretaries who attended the meeting. The conference was called to order at 10:30 A. M., Wednesday, October 23, at the Association building in Chicago, by Dr. Thomas McDavitt, secretary of the Minnesota State Medical Society and Chairman of the Committee on Uniform Regulation of Membership.

Thirty-eight States were represented. Dr. Thomas N. Gray, East Orange, representing the Medical Society of New Jersey.

1. Call to order, Dr. Thomas McDavitt.
2. History and Development of Membership in the American Medical Association and Its Component Parts, Dr. F. R. Green.
3. Some of the Difficulties of the Present Situation, Dr. A. R. Craig.
4. Remedies Proposed by the Committee, Dr. Thomas McDavitt.

A general discussion of membership regulation was conducted under the following heads:

1. Fiscal Year. Should the fiscal year coincide with the calendar year? Should the fiscal year be the same in all county and State societies?
2. Should membership expire automatically at the end of the calendar year, and a new roster for each county and State society be made with the beginning of each year?
3. When should membership reports from county secretaries to State secretaries be due?
4. Should the dues of new members, joining after the first of the year, be prorated for the remainder of the year?
5. Should an admission fee be required in addition to the annual dues?

6. Should uniform application blanks, receipt blanks, and membership and transfer cards be adopted?

7. Should constituent State associations hold charters from the American Medical Association?

8. Should a uniform plan for the transfer of members be adopted?

In addition to the above Dr. George H. Simmons, editor and general manager, discussed the question of membership in the American Medical Association, and the changes in name proposed by the Board of Trustees.

REPORT OF COMMITTEE ON RECOMMENDATIONS.

After two days' discussion it was evident that the secretaries present were agreed as to the advisability of a uniform fiscal year for all parts of the organization, to coincide with the calendar year, and that they favored the expiration of membership at the end of each year and a complete revision of the membership rolls at the beginning of each year. The report of the committee was as follows:

1. We recommend that this conference endorse the plan of having the fiscal year coincide with the calendar year in all parts of the organization. We further recommend that secretaries of all State associations which have not already adopted this provision bring this matter to the attention of their associations and recommend its adoption.

2. We recommend that constituent State associations adopt provisions making dues in component societies payable on January 1 of each year, and requiring county secretaries to report to State secretaries all members in good standing, together with their per capita assessment for the current year not later than March 31. State societies desiring to do so may provide a shorter period.

3. The recommendation regarding the third question under discussion is covered by our recommendation of the second.

4. Regarding the prorating of dues, we recommend that this be made optional with each component society.

5. Regarding an admission fee for membership we recommend that this be made optional with component societies.

6. While the committee recognizes, as a general principle, that a uniform system of blanks for county and State societies is desirable, as soon as practicable, we recommend further consideration of this question at a later conference.

7. We recommend that the House of Delegates of the American Medical Association be asked to consider the advisability of issuing charters to constituent State associations.

8. We recognize the desirability and advantage of a uniform method of transfer, but this system cannot be established until there has been developed a greater uniformity in other details of organization. We therefore rcommend that this question be made the subject of discussion at a future conference.

9. The committee recognizes the values of this conference to the State association secretaries, and to the purpose of organization; it therefore recommends that future conference of this character be held.

The report of the committee was unanimously adopted by a rising vote. It was also moved and carried that the secretary be requested to send copies of the report to each State secretary and to each State journal, and that the proceedings of the conference, as published in the Bulletin, be furnished to each State secretary desiring them, in sufficient quantities to send one to each member of the State association.

THE RETAIL PHARMACIST AS PURVEYOR OF PURE DRUGS.

The following is the summary of the able paper read by Pharmacist Henry Kraemer, Ph.D., at the A. M. A. annual meeting and published in the A. M. A. Jour., Nov. 2nd:

In summarizing the points that I have attempted to make in this paper, I may say that the professional pharmacist recognizes his obligations to the medical profession and the dependence which the physician has on him in the dispensing of pure drugs. Furthermore, in spite of their difficulties, there have been professional pharmacists who have consistently tried to handle only pure drugs and to dispense preparations which the physician would find to be efficient.

While it is true that the apothecary is dependent in some measure on the ability and integrity of the large dealer from whom he purchases his supplies, yet he attempts to check in a measure the articles distributed by the manufacturer, recognizing that he stands between the manufacturer and the patient.

Furthermore, there are fortunately a number of factors which are making it easier for the pharmacist to purchase pure drugs and dispense good preparations. These are the enactment and enforcement of drug laws, the greater interest in pharmaceutic research, the higher standards of education in pharmacy and the cooperation between physicians and pharmacists.

Finally, I may say that while the pharmacist is a purveyor of articles that sell at so much per pound or so much per ounce, the ethical standards which guide him in his practice must be as stringent and binding as those which guide the physician in his practice. And while physicians may differ as to diagnosis and as to the relative value of medicines, and while every patient reacts more or less variously toward different medicines and toward the same dose of the same medicine, the standards set for the pharmacist must be those of uniformity and efficiency. The one constant in the equation must be the uniform quality of the drug. This is the position we are endeavoring to live up to in our teaching and in our practice, and we desire every possible co-operation on the part of physicians in advancing and maintaining this standard. While we sometimes feel that the medical profession has not sufficiently understood the task that we have set out to perform, yet we trust that the physician will appreciate that the pharmacist realizes his responsibilty and recognizes the importance of fostering the integrity of their mutual relations if the best results in the interests of the public health are to be achieved.

Dr. F. E. Stuart, of Philadelphia, said: Pharmacist Kraemer has spoken of legislation. I think it would be well to throw our influence in favor of the important bills now before Congress. Any person except a physician or pharmacist can practice medicine or pharmacy in this country without license. All

one has to do is to set up as drug manufacturer and practice at wholesale. When the representatives of the medical and pharmaceutical professions go to Washington to secure proper legislation, we find the representatives of this class of manufacturers there to defeat us. Now if we could get the American Medical Association and the American Pharmaceutical Association to unite in formulating proper medical and pharmacal laws and present them to Congress, we might accomplish something. The bills now before Congress should receive consideration by both professions. (See page 372.)

Editorials from Medical Journals

Success.

From Critic and Guide.

Success, success, success. Everywhere we are given advice how to win success. Lay journals have special departments devoted to instructing their readers how to become successful in this, that or the other. And now the medical journals—some of them—are beginning to tell us vociferously how to win success. I am just sick of it. For it all depends what you call success. What you call success, I may call failure. And it sometimes is better to fail than it is to succeed. I would certainly much rather be a failure in medicine than a "success" by the aid of those means which are advocated by some of our medical journals.

They do not say it in so many words, but it amounts to this: if you wish to be successf·l, which is their vocabulary means, if you wish to make money, then become a sharp, a charlatan, a quack, a crook. Become wily, tricky, forget that you are a member of a noble profession, be a business man. Yes, that is what their advice amounts to. To Hades with it. For what we need is not more but less commercialization of medicine, and I know some medical failures (from a financial standpoint), whom I would not exchange for our greatest medical "successes."

Plato on Contract and Dispensary Practice.

From the Lancet, London.

F. W. Jollye notes that even in ancient days there were two classes of practitioners who were supposed to treat their patients differently according to whether they were club or private patients, and these two classes of medical men were consequently held in very different esteem by the public. Plato in one of his dialogues refers to the two sorts of doctors as follows: "The slave doctors run about and cure the slaves or wait for them in the dispensaries; practitioners of this sort never talk to their patients individually or let them talk about their own individual complaints. The slave doctor prescribes what mere experience suggests, as if he had exact knowledge, and when he has given his orders like a tyrant, he makes off with equal assurance to some other servant who is ill, and so he relieves the master of the house of the care of his invalid slaves. But the other doctor, who is a freeman, attends and practises upon freemen; he carries his inquiries far back, and goes into the nature of the disorder; he enters into discourse with the patient and with his friends, thus at the same time getting information from the sick man and also instructing him as far as he is able, and he will not prescribe for him until he has first convinced him; at last, when he has more and more brought the patient under his persuasive influence, and set him on the road to health, he attempts to effect a cure. Now which is the better way of proceeding in a physician and a trainer? Is he better who accomplishes his end in a double way, or he who works in one way, and that the rude and inferior.

Nostrums and the Medical Profession—A Criticism from a Layman.

From the A. M. A. Journal, Nov. 2, 1912.

To the Editor: Permit me to call your attention to a disheartening instance of the average medical practitioner's laissez-faire attitude toward the "patent-medicine" evil. A year ago the Wisconsin State Journal, of Madison, Wis., was purchased by Mr. Richard Lloyd Jones, who, on assuming control, decided to rid the publication of all fraudulent advertising, beginning with the fake medicines. At his request I listed those nostrums which, under a moderate interpretation of fair dealing with the public. I thought should be excluded. These he threw out, declaring his intention of keeping the paper free, in the future, from such matter.

What was my surprise, on visiting Madison recently, to find in the pages of the Journal several typically quack advertisements, including that of Duffy's Malt Whisky. Naturally I asked Mr. Jones the reason for his apparent backsliding.

"No backsliding at all," said he, "I accepted that advertisement on professional medical advice."

"Then you'd best change your physician," I suggested.

"Not one physician alone, but four, all of them well-known practitioners of this State, had the proof of that ad. referred to them by me together with several other advertisements about which I was doubtful. They said that there was no reason why I should not accept the business."

He then gave me the names of the physicians, who are all men of good standing in their communities.

"I was reluctant," he continued, "to accept the Duffy copy, because the Journal doesn't take liquor advertising. But my advisers assured me that it was a good and sound medicinal whisky (!) and that it was sold as a medicine only, and never over the bar (!!), so I accepted it."

On the same kind of authority he had admitted to his columns "Nurito," a rheumatism "cure," the self-exploitation (somewhat edited down by Mr. Jones) of an itinerant quack named Turbin, and some minor "cures."

Duffy's Malt Whisky he at once ordered out of the paper when I told him that elsewhere it was advertised to cure consumption. The others will go as soon as their brief contracts are out.

"But how is a newspaper publisher to know," demanded Mr. Jones, "what is reputable and what is not in the medicinal line, if he cannot rely on the opinion of regular physicians?"

That query I pass on to the medical profes-

sion at large. How is a layman, doing his honest best, to keep straight in these matters when those who should be his best advisers are either too careless or too ignorant to help?—Samuel Hopkins Adams, Auburn, N. Y.

Medical Expert.

From the Jour. of the Maine Med. Ass'n.

For some years past, the medical expert has had little or no standing before our courts in cases involving considerable money and more particularly where the defence of insanity has been used following a murder.

There is, doubtless, very good reason for this attitude as exhibited in at least one case within the last five years, in which appeared the customary number of experts on each side of the case. The defendant was acquitted on the grounds of insanity and within two years was a free man. This verdict might have been justifiable from the humanitarian standpoint but not when our present system admits of an arrangement of three or four of our prominent physicians, most of whom are not experts in the work for which they are called, to serve in the capacity of experts, each of whose judgments is turned towards the side who has employed him, and to whom he should turn for his remuneration.

There are very few capital cases which will not admit of one or more diverse opinions when tried before the court or even in the consultation room. It is of the utmost importance that a physician's opinions in these cases should be absolutely unbiased, to be of any value to the court, and it was with this in mind that the Rhode Island law was submitted to the various county societies and finally to the State association for adoption, this last year. We are now endeavoring to present this matter before the Maine Bar Association and it should be the duty of every physician to advocate this measure to every member of the Bar Association with whom he comes in contact. A copy of this law will be found in the Medico-Legal Department of this issue of the Journal.

Copy of Statutes of Rhode Island, Chap. 292.

"Sec. 18. Any justice of the supreme court, may in any cause, civil or criminal, on motion of any party therein, at any time before the trial thereof, appoint one or more disinterested skilled persons, whether they be residents or non-residents, to serve as expert witnesses therein; provided that the reasonable fees of such experts according to the character of the service to be performed, as fixed by such justice, shall be paid by the party moving for such appointment, to the clerk of the court at such time as the justice shall prescribe and the amount so paid shall form a part of the costs in the case. In criminal cases, in the discretion of the court, on request of the defendant, expert witnesses may be furnished for the defendant at the expense of the State, on such terms and conditions as may be prescribed by the court.

Sec. 10. Such experts being duly sworn before a justice or clerk of the court to make a faithful and impartial examination into the matters and things committed to them, and true, report thereon to make according to the best of their knowledge, belief and understanding, shall thereon proceed to view and examine such persons, matters and things, to read and hear such evidence in such manner, times and places whether by attendance at the trial of such cause or otherwise, and to report their findings, views and opinions thereon, jointly or severally, orally or in writing, to the court when such cause shall be pending before or at the trial thereof, in such manner as the justice appointing them, or any justice of the court sitting in the case, shall prescribe; and such report, if in writing, shall form a part of the record of the cause and shall be produced in evidence at the trial thereof, and such experts shall attend at such trial until excused by the court! provided that any party to the cause may call and examine or cross-examine, any such expert at the trial as to the matters, persons, things, views, findings and opinions contained, mentioned or referred to in any such report, without further summons."

Recommend joint meeting with State Bar Association with the view of adopting above statutes or some modification of same

Woman's Place in Medicine.

From the Medical Record.

It seems to be a common belief that woman's entrance into the field of medicine is of comparatively recent date. When the question of woman's rights is discussed the fair practitioner is frequently pointed out as an example of woman's progressiveness and achievement. The weaker sex has practised the healing art from time immemorial. In a recent work J. J. Walsh pointed out the prominent place achieved by women practitioners in the early days of medicine, and in the Liverpool Medico-Chirurgical Journal, March, 1912, H. Drinkwater presents an interesting discourse on this subject.

Hygeia, the goddess of health, was the daughter of Esculapius, the god of medicine. When Greece was at the height of her fame gynecology was almost wholly in the hands of female practitioners. Galen refers to a work on midwifery written by one Cleopatra. Aspasia was a Greek authoress who wrote on diseases of women. In Rome during the first century there were women who achieved distinction either as midwives or as general practitioners. During the Middle Ages women were welcomed into the healing art and in the University of Salerno in Southern Italy there were a number of women who were especially prominent members of the medical faculty.

Coming to more recent times, it is noted that Anna Morandi Mazzolian occupied the chair of anatomy at the University of Bologna about the middle of the eighteenth century. At this time the Italian universities generally admitted women students. Maria Maetellari graduated in medicine at Bologna in 1799 and Maria delle Donne took the medical degree at the same university in 1806. The University of Zurich granted this degree to a woman in 1867 and in 1869 the St. Petersburg Medico-Chirurgical Academy conferred the medical diploma on its first woman graduate. In 1858 Elizabeth Blackwell, an English woman by birth but a resident of America, was graduated from the medical school at Geneva, New York. In Great Britain women have had a hard struggle in obtaining recognition by the medical faculties, but at the present time there are only a few medical

schools that are not open to women. In meeting the requirements demanded of medical students the women have done remarkably well and have shown that at least as regards passing examinations they are equal to the men. In July, 1888, of the thirteen women students who took the intermediate examination at London University, twelve passed, seven took honors, and one took honors in three subjects.

Editorials from the Lay Press.

The Professions are Overmanned.

From the Chicago Tribune.

Most of the professions are overmanned. The result is injustice and disappointment to many who enter them and to many who have made heavy sacrifices that their sons might belong to them.

Speaking recently to young men at the Y. M. C. A., Dean Wigmore gave the following estimate:

About sixteen-twentieths of the lawyers in Chicago make from $1,000 to $3,000 a year. One-twentieth make $4,000, one-twentieth $5,000, one-twentieth make $6,000 or more. There are not over forty lawyers in the city who make more than $10,000 a year.

In too many cases the earning, though small, is adequate, because the man is not fitted for the difficult work of the law either by thorough education or by natural aptitude. These men are economic misfits but they divide the total rewards, even though they get little individually. The same is true of the medical profession. In both cases the test for entrance should be stricter, so that only the proved fit could win. This is not undemocratic. It is just to those who are fit and to those who are not fit; and —an important consideration—it is just to clients and patients, who should be protected from inferior service, and to society, which needs every man at the work he is best fitted to do.

The Cost of Caring for the Insane.

From the Outlook.

It costs a little over thirty-two million dollars a year to care for the patients suffering from mental diseases in the public institutions in the United States. This is equal to or even somewhat greater than the annual expenditure for the construction of the Panama Canal. The amount expended in 1910 for the care of the insane in public institutions exceeded the amount appropriated by Congress for the support of the executive, legislative and judicial departments of the federal government. To this great sum must be added the economic loss to the country through the withdrawal from productive labor of so many people in the prime of life. It has been ascertained that the average value to the community of an adult between the ages of 18 and 45 is $700 a year. On this basis the economic loss to the country through insanity is over one hundred and thirty million dollars a year, which amount taken together with the annual institutional cost is more than one hundred and sixty-four million dollars—a sum equaling the entire annual value of the wheat, corn, tobacco and dairy and beef products exported from the United States.

A Physician to Guide the Chinese Republic.

From "The Outlook," Sept. 14, 1912.

Dr. George Ernest Morrison, who for fifteen years has been the London "Times'" correspondent at Peking, has been offered and has accepted the position of political adviser to the President of the Chinese Republic. Dr. Morrison was born in Victoria, Australia, in 1862, and studied at Melbourne and Edinburgh Universities. When only twenty years old he undertook a pioneer expedition to New Guinea. The next few years saw him, now roving, now practising medicine, in this country, the West Indies, Spain, Morocco, and ultimately in the Far East. His celebrated walk of more than two thousand miles across Australia was rivaled by a three-thousand-mile walk across China, and then by a walk across Manchuria to Vladivostok on the Pacific. Dr. Morrison traveled alone, dressed as a native. These and his other journeys were undertaken, not to satisfy a restless spirt, but to acquire knowledge at first hand. The result, so far as China was concerned, was that he knew the country better than did any Chinese statesman, for no one of these had studied it from as many angles. Little by little he came to be consulted as one who could speak with comprehensive knowledge, and he was frequently consulted, especially during the three critical years before the Boxer atrocities startled the world in 1900, and also during the anxious time just before the beginning of the Russo-Japanese War in 1904. The following year, at the Russo-Japanese Peace Conference at Portsmouth, no one among the one hundred and twenty newspaper correspondents awakened more sympathetic respect than did Dr. Morrison. The appointment of such a man is a significant sign of President Yuan Shi-kai's recognition of the fact that a young republic like China would do better with a tuor than without one.

Kissing in Wisconsin.

From the Hudson Observer.

Physicians in Milwaukee propose to have a measure introduced in the next Legislature of Wisconsin making it a misdemeanor to kiss another person. They claim that kissing is a reprehensible habit, likely to distribute germs, etc., and, in the language of a certain church discipline, "is obviously imprudent, of a misleading tendency and not to be encouraged." The measure will suggest, or permit, rubbing noses or foreheads in lieu of touching lips.

One reader of the Hudson Observer has requested that the paper throw its influence to the cause and advocate the passage of a similar measure by the New Jersey Legislature. It might be well to say right here that the object of this paper is to circulate news, but not to advocate anything that tends to curtail the harmless liberties of young men and women.

It would be difficult to enforce such a law unless the State appointed a watchman for every young person of kissing or kissable age. This would prove a big expense to taxpayers and entail great embarrassment to young people during the courtship period.

Why the nose or forehead should be preferable to the lips of a fair damsel, the Milwaukee physicians do not say, but to a casual observer the lips look not only more tempting,

but more cleanly and inviting than the nose or the forehead. On the face of the thing, one might be excused for jumping to the conclusion that the proposition is made by a lot of old fossils who have gotten out of the osculation class.

Therapeutic Notes.

Asthma—Bronchial—Calcium Salts in.

Dr. Kayser, in Therap. Monatshefte, says that in 13 cases of bronchial asthma good results were obtained from the following preparation:

℞ Calcii chloridi, 20.0.
Syrup. simpl., 40.0.
Aq. dest. ad, 400.0.
Misce.

Sig.: One tablespoonful every two hours in milk.

After three days the attack became less marked and sometimes ceased for a period of several months. In general, the patients observed that early in the treatment the mucus became more fluid, respiration freer and sleep less disturbed. In two cases the treatment remained ineffective. Unpleasant effects were not observed.

Chorea.

Aspirin is regarded by Allan as the drug par excellence in chorea, and he prescribes thus:—

℞ Acidi acetylsalicyl., ʒiiss.
Gum. acac., q. s.
Syr. aurant., ℥j.
Aq. chlorof., q. s. ad ℥iv.

M. Sig.: A dessertspoonful to be given every four hours to a child aged 6 years. Gastric symptoms may be avoided by giving aspirin after meals only, and never on an empty stomach.—International Medical Annual

Conjunctivitis—Simple—Compresses for.

℞ Zinci sulphatis, gr. viij.
Tinct. opii, m xv.
Aq. laurocerasi, ʒij.
Aq. destill., ℥v.

Sig.: Apply on compresses.—Critic and Guide.

Epididymitis—Ointment for.

Bethune uses the following formula as a local application in epididymitis:

Mentholis, gr. xv.
Ung. Belladonnæ, gr. xx.
Ung. Crede, gr. xxx.
Ichthyolis, gr. lx.
Petrolati, q. s., ℥ i.

The swelling subsides in about ten days.

Hematuria—Treatment of.

Dr. W. Blake Gibb, in the N. Y. Med. Jour., states that the first indication, at least to the patient, is to stop the bleeding. This bleeding may be dangerous, but rarely fatal. Drugs appear to have less effect here than on other visceral hemorrhages. When due to renal calculus, absolute rest, cold acidulous drinks, hot applications, and, if much pain, morphine, from one-eight to one-quarter grain hypodermically, may be given. Hemorrhage from acute congestions requires hot fomentations, saline laxatives, and diaphoretics; vesical hemorrhage, cold applications to the hypogastrium, with ergot by mouth, or washing out the bladder with astringents, as alum, two grains to the ounce, after the bladder has been emptied. When due to malignancy, operation is needed at once if the disease has not gone too far. Tuberculous disease requires the same care as when it affects other portions of the body. Injuries, if not severe, require rest and cold applications, but if serious, operation must be attempted. Constitutional causes require general treatment, as in hemophilia the calcium salts are necessary. But each case requires careful examination and study, with treatment appropriate to its own peculiar needs.

Hemoptesis—Prevention of.

Dr. T. Frazer, of Ashville, N. C., in a paper in the Medical Record, say that hemopteses are sometimes preceded by a sense of tightness in the chest or by the presence of blood-streaked sputum; that it is possible to prevent the hemorrhage by absolute rest and the administration of either of the following:

℞ Sp. nitroglycerin, m. xv.
Aquæ, ℥ij.

or:

℞ Sodii nitritis, gr. xv.
Aquæ, ℥ij.

A teaspoonful of either every four hours for two or three days.

Laryngismus Stridulus.

Dr. Scott writes that the inhalation of a few drops of chloroform or amyl nitrite will relieve the paroxysm. Nitroglycerin in small, but frequently repeated doses or the following combination is a valuable antispasmodic:—

℞ Potassii bromidi, ʒij.
Chlorali hydrati, gr. xxxij.
Syr. aurantii cort.,
Aquæ menth. pip., of each, f℥j.

M. Sig.: One teaspoonful every one-half hour.—Prescription.

Nasopharyngeal Antisepsis.

Paul Gallois, in Archieves generales de medecine, calls attention to the importance of combating all forms of infection of the nasopharyngeal mucosa not only because of the readiness with which disturbances of neighboring structures, such as the middle ear, mastoid, anterior nasal mucous membranes, accessory nasal sinuses, lachrymal apparatus, conjunctivæ, lid margins, etc., may arise, but because many disorders reacting on the system as a whole, such as rheumatism, endocarditis, nephritis, chorea, erythema nodosum, pneumococcic peritonitis, empyema, thyroiditis, osteomyelitis, and many others, may have their inception in infection of the nasopharynx. The presence of such an infection is easily recognized by the resulting mucopurulent discharges. If the process is acute and marked the author prescribes a spray of 1 per cent. phenol; if it is less severe, the following solution is used:

℞ Water, Gm. 500.
Phenol,
Sodium salicylate,
Sodium biborate, of each, Gm. 2.

M. et ft. mistura.

If the condition is chronic, a 2 per cent. solu-

ion of boric acid or of sodium biborate suffices. The spraying should be done through the nose, not by the mouth, and in children whose nasopharynx is chronically infected the cleansing of this area should form part of the daily hygiene. Where there is no discharge, but merely dry crust formation, the author uses salves. He does not think highly of menthol and never prescribes more than 0.10 of it in 30 grams of petrolatum. The salve generally used consists of:

℞ Petrolatum, Gm. 20.
Boric acid, Gm. 5.
Balsam of Peru, Gm. 1.
M. et ft. unguentum.

A small amount of this is introduced into the child's nostrils at night. Where these measures prove ineffective, the patient should be taken to a specialist, who will remove adenoid growths if they are present or carry out any other operative procedure indicated. It is very necessary to continue the nasopharyngeal antisepsis for some time after the operation, as the likelihood of recurrence of adenoids is thereby diminished—(N. Y. Med. Jour.)

Pruritus—General Treatment of.

The Journal de medecine de Paris quotes Pautrier as the author of the following ointment for use in the treatment of general pruritus:

℞ Hydrocyanic acid, ʒj.
Menthol, gr. xv.
Zinc oxide, ʒv.
Cold cream, ℥iiss.
Mix and make ointment.
Sig.: For external use.

Or, inunctions may be made with a salve of the following composition:

℞ Chloral hydrate, gr. xv.
Camphorated oil, ʒiiss.
Wool-fat, ℥iij.
Mix and make ointment.
Sig.: For external use.—W. Va. Med. Jour.)

Pyrosis.

Where there is acidity the following has been found useful:—

℞ Resorcini, gr. xl.
Sodii bicarbonatis, ʒv.
Syrupi, f℥j.
Aq. menthæ pip., q. s. ad f℥viij.
M. Sig.: Tablespoonful two hours before meals.

The following has been used with success where there is marked fermentation:—

℞ Sodii salicylatis, ʒiss.
Bismuthi subnitratis, ʒj.
Pulv. sacchari, gr. xxx.
M. div. in pulv. no. xxx.
Sig.: One after each meal.—Merck's Archives.

Renal Colic.

℞ Strontium bromide, Gm. 6.
Cherry-laurel water (Codex gallicus), Gm. 10.
Ether syrup (containing 20 Gm. of syrup and 40 cg. of ether), Gm. 30.
Morphine hydrochloride, Gm. 0.05.
Aqueous extract of valerian, Gm. 120.
M. et ft. sol. Sig.: Tablespoonful to be taken every half-hour until the pain disappears. Robin, in Presse medical.

Rheumatism—Salicylic Ointment in.

Dr. Scharff, in Therapeut. Monatshefte, says that the value of various salicylic preparations such as oil of wintergreen, salicylic acid ointment as well as a number of proprietary preparations, when applied directly to rheumatic joints, is generally conceded. Scharff especially recommends the following preparation:

℞ Acidi salicylici, 10.0 solve in.
Ol. terebinth, 10.0.
Sulfur. præcip. sive sublim.
Terebinthinæ aa, 40.0.
Misce.

The ointment is spread over the affected area and covered with an occlusive dressing. If the skin is very sensitive, the latter may be replaced by an ordinary bandage or the ointment dusted over with flour or talcum. After three to five days the application may be renewed. If a dermatitis results an ichthyol zinc paste may be substituted for several days. It may be well to add that the last item in the prescription is not the oil but the gum of turpentine. The mixture should make a stiff and adhesive, but perfectly homogeneous, paste.

Sea-Sickness—Veronal in.

In his experience as ship's surgeon, Dr. Gerson, in Muench. med. Woch., says he has found nothing so useful for sea-sickness as veronal, especially in its more soluble form as veronal-sodium. He states that the nausea can almost always be prevented if those who know themselves to be subject to this affiiction take 0.5 gr. at bedtime for the first few days of the journey. Even after they are actually sick, however, the administration of the drug is followed by an amelioration of the symptoms.

Verrucae—Treatment of.

Dr. Mantelin, in Paris medical, recommends the application of a collodion made up as follows:—

℞ Chloral hydrate,
Acetic acid, of each, Gm. 6.
Salicylic acid,
Ether, of each, Gm. 4.
Collodion, Gm. 15.
Ft. sec. art.—N. Y. Med. Jour.

Whooping Cough—Treatment of.

Dr. T. W. Dewar reports, in the British Med. Jour., that he stopped the cough in a case of whooping cough by intravenous injections of iodoform.

Filling the urethra with warm olive oil will sometimes facilitate the introduction of a catheter when it is otherwise difficult. Cocaine should be used with caution when employed for urethral anesthesia. Some authorities state that two drams of a five per cent solution may be injected into the urethra with safety, although we should think it might produce toxic symptoms in a person peculiarly susceptible to the drug. A death has been reported from a small amount of a ten per cent solution. It is well to remember that it is not best to draw off the urine too rapidly as it may cause a collapse of the bladder walls. Cystitis may follow upon too

frequent or too rapid catheterizations. In order for the stream to be of smaller volume the catheter should not be introduced too far.—Medical Summary.

Dr. Scheuer in Therap. Monatschefte, Berlin, calls attention to the fact that tincture of iodin, with age loses its odor and color and nearly all its antiseptic efficiency.

Dr. Abraham Jacobi, of New York, in discussing a paper recently, expressed the opinion that doctors who refused to use drugs did not do their whole duty toward the profession or to the public; the older he got the more he used remedies. He, therefore, felt inclined to criticise the reader of the paper and hoped that he would mend his ways."

Scarlet Red Ointment in the Treatment of Eye Diseases.

Dr. W. O. Nance, Chicago, in the Therapeutic Gazette, says:

In the Journal of Ophthalmology and Oto-Laryngology for February, 1911, the writer called attention to the excellent results which he had obtained from the use of scarlet red ointment in certain corneal diseases, notably in those deeper affections of the cornea which involved loss of tissue. During the twelve months intervening since that report was published he has employed the ointment almost daily in his dispensary and private practice, and his later experience has fully justified his belief as expressed in the article before mentioned, that "in scarlet red we have a safe therapeutic agent of value."

Scarlet red, or the Scharlach Roth of Biebrich, is simply an anilin dye derived from disulphonic acid. It was first brought to the attention of the chemical world in 1882. David, of Johns Hopkins, appears to be the first to employ the dye, at least to any extent, in a therapeutic way. In 1909 he published a series of cases of granulating wounds treated with scarlet red with marked benefit, and concluded that "the stability, thickness, and normal appearance of healing under this dye is noteworthy." Fischer, of Bonn, however, three years earlier declared his belief that the product exerted a marked influence as a specific attraxin upon surface epithelium. Since Davis's contribution the dye has been employed successfully by many surgeons, particularly in cases in which there was more or less extensive loss of epidermis, in burns, etc. Its favorable use in accelerating epidermization and cicatrization has been proved by the writer recently in several cases of burns of the skin and tissue in the vicinity of the eye. In one instance of rather severe scalding with loss of skin in the radius of from two to three inches above and below the eye, the value of the ointment was positively and clearly demonstrated by its successful use on one part of the denuded surface, the other area being treated by the ordinarily employed surgical measures.

That scarlet red has a useful and valuable place in ocular therapy I am satisfied. Its especial effect in corneal disease is to incite and accelerate regeneration of stroma, thereby encouraging the process of cicatrization. It apparently has no antiseptic properties. Cases of ulcer of the cornea treated with scarlet red assuredly heal quicker than those in which it is not used. The ointment employed in my work the past year has been that of Parke, Davis & Company. I have yet to meet with an instance in which the slightest irritation of the eye followed its use. The indications for its use in eye work are in ulcers of the cornea, perforating corneal wounds, loss of corneal tissue from pterygium operations, conjunctival injuries, loss of integument of the lids or other instances in which there is a loss of tissue.

A small bit of the ointment, the size of a pea or larger, is introduced two times a day into the conjunctival, cul-de-sac in corneal diseases and a bandage applied. In loss of integument it may best be applied to the edges of the denuded surface. The use of the ointment in eye diseases does not of course supplant the use of antiseptics, mydriatics, etc., which should be employed as indicated. It has the advantage of being easily obtained and is inexpensive.

Therapeutic Success Requires Pure Drugs.

Dr. Henry Beates of Philadelphia, in discussing the paper of H. Kraemer, Ph.D., on "The Retail Pharmacist as a Purveyor of Pure Drugs," the summary of which will be found on page 366—said: The existence of pharmacy is conditioned on the demand of the clinician for his armamentarium. The clinician can no more prepare the "materia medica" he uses in prescribing than can the surgeon manufacture the instruments he needs for his work. Years ago I used myself as a physiologic dog, with five tinctures obtained from standard pharmacists. Of tinctures of aconite root, I could take 5-minim doses repeated two or three times at twenty-minute intervals, before I obtained the slightest physiologic action. Of another I could take one-half a teaspoonful every half hour for four doses, which I did with great fear and trembling, even after carefully testing its potency. Nux vomica was taken in from 10-minim to 20-minim doses and pushed to a teaspoonful dose. This could be repeated hourly for three or four consecutive doses before physiologic results were obtained. Two years later the remains of these tinctures were again experimented with on myself, and I found deterioration in digitalis of about 67 per cent., i. e. about two-thirds greater doses than at first taken were necessary to secure recognizable effects. What does all this mean? We must realize and publish to the profession that deterioration takes place month by month and can be demonstrated with approximately arithmetically correct rates. The drugs differ in the rate but all deteriorate like a magnificent building; the longer it stands the more it decays. It is the business of the profession to take cognizance of this fact, and at once demand proper investigation and acquire a reliable knowledge of the potency of drugs at the time prescribed. I was in a drug-store recently when the pharmacist inquired of an agent the price of digitalis leaves. The reply was from 40 cents to $1.20 a pound. How many of our prescriptions are compounded from the 40-cent truck? I think the one great trouble of pharmacy is that the drug-store of to-day is a cigar-shop, a confectionery; indeed, all sorts of things enter into the traffic, even libraries. I believe that measures should be taken to familiarize the pub-

ic, not with the false statement that drugs are useless, and that sunlight, fresh air and food constitute the great panaceas, but with the fact that reliable medicines properly prescribed and used constitute the greatest known means for the relief and cure of human ills. Let the people recognize that physicians when prescribing the drug necessary to meet conditions must have pure drugs compounded. That that is the sine qua non on which therapeutic success depends. This the profession seems not to comprehend.

Pay fair prices for pure drugs and charge fair prices for your services. Let no one point to you and say: "He is a cheap doctor, he uses cheap drugs, you cannot trust him."—Physicians Drug News.

Medico-Legal Items.

Employer's Obligation for Employee's Medical Expenses.

Where a contract of employment fixes the wages of an employee at a specified rate, and authorizes the deduction of a specified monthly sum for a hospital fund, and it is provided by the employer's hospital fund association by-laws that all employees shall be members of the association and entitled to receive the benefits including medical attendance, there is an obligation on the part of the employer to pay medical expenses incurred by an employee injured during his employment. It is not necessary that the employee should give the employer formal notice of the injury or ask for a physician if the employer, who does not maintain a hospital, knows of the injury.—Jackson v. Pacific Coast Condensed Milk Co., Oregon Supreme Court, 120 Pac. 1.

Granting Authority to Refill Prescription.

A complaint alleged that the defendant was a physician and was employed to cure the plaintiff, and in the course of his duties prescribed heroin. After the plaintiff, a woman, had taken this for about two months, the druggist refused to refill the prescription without special authority from the defendant, and the allegation was that the defendant "carelessly and negligently" instructed the druggist to refill the prescription whenever the plaintiff wanted it and did not revoke this for more than a year after, and that the plaintiff, being ignorant of the deleterious effect of the drug, continued to get the prescription refilled and to use it for 14 months thereafter, whereby she was seriously injured in body and mind. It was held that the question of the defendant's carelessness or lack of skill would depend wholly on whether he ordered the drug to be taken too often or in too large quantities, or directed or knowingly or negligently permitted her to continue its use as prescribed for too long a period. But as to these points the complaint was silent. It is one thing to give medicine in an improper manner, another thing to give it too often, another thing to give it in too large quantities, and still another to direct or permit its use to be too long continued. The proof which would meet one of these charges might be essentially different from that necessary to meet another. The defendant had a right to know which of these acts constituted the negligence charged. If it was claimed that the taking of the drug for 14 months in the smallest quantity and at long intervals is necessarily injurious, the complaint should have alleged the fact. It did not aver that the defendant did not instruct the plaintiff not to continue its use so long or inform her that the long-continued use of the drug was likely to be injurious. It was held that the complaint was defective on special demurrer and judgment for the defendant was affrmed.—Billesbach v. Larkey, California Supreme Court, 120 Pac. 31.

Medical Opinion Evidence May be Given Without Stating Facts.

An insanity expert, like any other medical expert who has made the proper professional examination of his patient, may express an opinion, though he may not yet have stated the scientific facts or external symptoms upon which it is based. But the party offering him as a witness may require him to specify in detail the observations upon which the opinion is based, so as to show the strength of the opinion. And the opposite party, in cross-examination, may call for the observations and probe the underlying facts to the fullest extent for the purpose of affecting the strength of the opinion. The jury are entitled to the facts on which an insanity expert bases his opinion, if these are sought by the prosecution or the defendant.—People v. Faber, New York Court of Appeals, 92 N. E. 674.

Relative Weight of Testimony of Alienists.

The United States Circuit Court of Appeals, Third Circuit, says that whatever may be the rival contention of alienists, the lay mind is very apt to rely on the testimony of witnesses who prove the conduct, actions and speech of a man, and where of certain alients called as witnesses two of them had under treatment the man whose sanity was in question their testimony had correspondingly greater weight than that of hypothetical testimony.—Inre Ward, 194 Fed. R. 89.

Distinguishing Between Impairment of Mind and of Power of Expression.

The St. Louis Court of Appeals says that a physician, in describing the condition of a man who had had a stroke of apoplexy, after stating that the conversation carried on between the man and other persons was confined generally on his part to saying "Yes" or "No," said that a certain woman "had the knack of getting on to what he wanted;" that she had become so accustomed to him that she could intuitively guess at what he wanted and ask him if that was it, and he would assent or not. The physician then stated: "It was a condition in which the mind was not impaired but the way of expressing was the impairment." This sentence, together with what is stated as immediately preceding it, was stricken out on objection. But that was error. It was within the province of the physician to state the condition of his patient, the objective symptoms, and the sentence

quoted should not have been excluded in a suit involving the question of the man's capacity to contract or dispose of certain of his property.—Campbell vs. Hayden (Mo.), 145 S. W. R. 103.

Physicians in Insane Hospitals as Witnesses.

The Special Term of the Supreme Court of New York, New York county, holds that, in an action to annul a marriage on the ground that the defendant was a lunatic at the time of the marriage, the testimony of one of the physicians in charge of one of the State hospitals for the insane, to which the defendant was committed by order of the court, was properly admitted in evidence, although it was contended that it was not admissible under section 834 of the New York Code of Civil Procedure with reference to privileged communications. The court says that the public policy of the State demands the maintenance of such institutions and the care and treatment of the inmates, which necessarily involve their medical examination. The court does not think that the relation arising by operation of law between a patient committed by legal process to a State institution for the insane and the official physicians in charge thereof is within the professional relation contemplated by section 834, or that such section was designed to exclude the testimony of such official physicians, whose duty it is under the police power of the State to make physical examinations of irresponsible patients. The purpose of the protection being here absent, the legislative enactments as to the duties of medical officers in the State institutions for the insane, and as to the making of public records relative to their condition, indicate that the testimony objected to in this case was properly admitted.—Liske vs. Liske (N. Y.), 135 N. Y., Supp. 176.

Hospitals.

Sanatorium Turned Into a Hospital.

The Honey Brook Sanatorium which was opened near Pitman during the summer has been turned into a general hospital with free beds and a full dispensary service.

St. Mary's Hospital, Orange.

The hospital authorities are making a strenuous effort to raise $200,000, but at last reports only about $50,000 had been raised. The buildings are about completed, and if the full amount is not raised a heavy mortgage on the property will be required.

New Hospital at Millville.

Steps have been taken for the erection of a first class hospital at Millville, N. J., with favorable prospects of success. H. A. Dix, Esq., has promised a donation of $10,000, if $20,000 additional is subscribed. A large public meeting was held in the City Hall, October 23rd, that was very enthusiastic over the proposition and in ten minutes $1,500 were subscribed and a committee was appointed to make a canvass for subscriptions.

Presbyterian Hospital, Newark.

This new hospital was opened for the reception of patients last month. The association purchased seven lots on South Ninth Street and has remodeled a large dwelling house on the site. The building now contains seventeen rooms and will accommodate about thirty-six patients. The expense thus far has been about $25,000 and the $5,000 that is still needed for equipment is being solicited.

Gift to Johns Hopkins Hospital.

Mr. James B. Brady, of New York, has, it is reported, given the sum of $220,000 to the Johns Hopkins Hospital, Baltimore, for the establishment of a ward for the treatment of diseases of the kidney.

Medical Schools and Hospital Expenses.

Extract from the presidential address before the Amer. Hospital Ass'n., by Dr. Henry M. Hurd.

"The need of furnishing training to physicians is so largely recognized as the duty of all hospitals situated in the vicinity of medical schools it seems hardly necessary to refer to the matter. I am of the opinion that it is not only essential to do this in the interest of physicians and of the community, but also of the patients in the hospitals. Whenever medical teachers are properly appointed and students are admitted to hospital wards under proper restrictions, it is evident that the diseases of patients are more carefully studied and more skilfully treated than under other circumstances. The tone of the hospital is better, and the medical work is more active and of a higher type. Granting that these benefits flow from medical teaching, and I do so cheerfully and without reserve, I am still compelled to add that such co-operation in teaching adds materially to the expense of the hospital. It should also not be forgotten that access to the wards of a good hospital has become in these modern days one of the best assets of a medical school. For these reasons medical schools ought not to become burdens on hospitals, but should pay a proper proportion of the increased expense which they entail on the hospitals."

Hospital Reform.

Dr. M. Dewar, in the British Med. Jour. discusses the widespread abuse of the privileges of receiving free treatment at dispensaries. He advocates the following measures of reform: (1) A notice: "This voluntary hospital is for those who are unable to pay for medical or surgical treatment" should be placed in all out-patient rooms, and in the convalescent rooms of all the wards. (2) An official should be appointed to supervise the applicants for advice or treatment. This could be done by examining the lists of out-patients each day. Cases of sudden illness, accident, or emergency would not be inquired into till treated and progressing satisfactorily. No standard of wage or rental is suggested, as each case requires to be separately considered, and much would be left to the judgment of this official, under the advice of the medical officers, especially with regard to medical or surgical eligibility. Experience has shown that doubtful cases do not re-

urn when it is known there is an inquiry officer. More is expected from the presence of such an officer as a moral force than from any action resulting from his inquiries. (3) Evidence of suitability, except in emergency cases, should be obtained on two points: (a) that the patient cannot pay; (b) that the case is suitable for hospital treatment. (4) Urgent cases should be attended on first application, and if eligible should be detained for further treatment, but if ineligible should be referred for treatment elsewhere. (5) Trivial cases, after having been seen to, should be referred elsewhere. (6) On first visit all patients should be seen by a registered medical practitioner. (7) The number of cases to be seen by a medical officer on any one day should be limited. (8) Special hospitals should only treat special cases of their kind. (9) Out-patient departments should be chiefly reserved for consultative purposes, and the cases referred back to the general practitioner with a statement of opinion. (10) Poor Law cases should be referred back to the Poor Law medical officer. (11) There should be co-operation of the hospitals in the same area with each other, and with public medical services and dispensaries, to prevent overlapping.

Marriages.

BRAY—JOHNSON.—At Merchantville, N. J., November 7, 1912, Dr. Walter S. Bray, of Camden, to Mrs. Ada M. Johnson, a trained nurse, of Philadelphia.

HANRAHAN—COLEMAN.—At Honesdale, Pa., September 25, 1912. Dr. James N. Hanrahan, of Elizabeth, to Mrs. Sarah L. Coleman, of Honesdale.

O'NEILL—GALLIGAN.—At Orange, N. J., October 15, 1912. Dr. Charles O'Neill, of Newark, to Miss Helen Regina Gilligan, of Orange.

HOWARD—OSLER.—At Bristol, Penn., October 24, 1912, Dr. J. Edgar Howard, of Haddonfield, to Miss Alie C. Osler, of Collingswood, N. J.

ROGERS—HOUGHTON.—At Trenton, N. J., November 8, 1912. Dr. William T. Rogers to Mrs. Mary P. Wilson Houghton, both of Trenton.

Deaths.

CHAVANNE.—At Salem, N. J., October 15, 1912, Dr. Henry Chavanne, of that city, aged 64 years.

Dr. Chavanne was born in Switzerland. He came to this country when a boy. He graduated from the Jefferson Medical College in 1887. He began the practice of medicine in Salem county soon after, but his patients came also from many places in South Jersey. He made a specialty of blood-poisoning, stubborn sores, etc., and was quite successful.

He was a member of the Salem County Medical Society, and its secretary and treasurer for more than twenty ears. He was also a member of the Medical Society of New Jersey and frequently attended its annual meeting and took part in the discussion of papers. In Grand Army circles he was very well known for the patriotic and prominent part he took therein. He was a Past Commander of Johnson Post No. 69 G. A. R. of Salem, and was very active annually on every Memorial Day. He had served as Medical Director in the State Encampment, G. A. R., and also was elected and served his term of office as Senior Vice-Commander of the State Encampment and had also been elected delegate to the National Encampment. He will be greatly missed in the G. A. R. circles and work as well as by many friends in the city and county.

The Salem County Medical Society attended his funeral in a body on October 18th.

DISBROW.—At Toms River, N. J., 1912, Dr. Rem Lefferts Disbrow.

SUTPHEN.—At Newark, N. J., November 9, 1912, Mrs. Emma Goble Lathrop Sutphen, wife of Dr. Theron Y. Sutphen, of Newark.

WOODRUFF.—At Boonton, N. J., November 6, 1912, Dr. Marietta H. C. Woodruff.

Dr. Woodruff was born in Pine Brook, Morris county. She graduated from the New York Homeopathic Medical College for Women and practiced 38 years in Boonton.

In Memoriam.

James A. Exton, M. D.

"De mortuis nil nisi bonum": Say nothing but good of the dead applies definitely and specifically to James A. Exton, M.D. Those of us who knew him best, who knew how pure, how simple, how useful and how Christ-like was his life, could say nothing but good of him, even if we would.

The occasion is not ordinary that causes a body of scientifically trained men to pause in their affairs long enough to pay reverent and worshipful homage to the memory of their deceased and honored brother whose life terminated on July, 1912. Though somewhat past the prime of life, he fell on death while yet possessed of full and splendid vigor of manhood, in fact, while still engaged in the active practice of his beloved profession. Indeed, he was in the very act of relieving an injured patient. Though fairly ripe of years, the summons came all too soon for those who knew him and mourn his loss.

This Practitioners' Club of Newark, New Jersey, of which he was a faithful and active member, has set aside a portion of this evening hour, one of its principal hours for scientific discussion, and this place to which he loved to come and meet his professional brethren in scientific and social debate. All this, we say, has been considered a fitting hour and a proper place in which to pay public and affectionate tribute to his sterling ability and splendid character, by this body of men who belong to his chosen profession.

James A. Exton, joined this Society on April, 5th, 1897, and from then until his death he remained a faithful and active member. He was faithful in attendance and attentive to his duties. His advice was sage and sound, his ideas were original and frequently unique. But over

and beyond all these excellent attributes, his never-ceasing desire was to advance the science of his profession, to the end that the life of his fellow man might be better conserved and increased and its ills be further mitigated by the direct application of scientific principles.

He waged a persistent and consistent warfare against the manufacturers and venders of all quack nostrums, patent medicines, secret formulæ, irregular practices of all and every kind. No pathy nor practice that was not in full accordance with scientific principles, ever was, or ever could be, tolerated by him. Not that he hated the men, but because he considered their practice iniquitous. And yet his honesty and sincerity of purpose always commanded the respect and admiration of a large number of persons who were opposed to him in these pathies, or so-called sciences. Thus did his honest life exemplify the fact that it is never necessary to sacrifice good principles to gain friends.

We have said that this is no ordinary occasion, and why? Because James A. Exton was no ordinary man. It is vouchsafed to but few men to have talents so versatile, conceptions so artistic, temperaments so lovable and characters so noble. His somewhat long life, of sixty-eight years, was so filled with a ripeness and richness of experience in his profession; in the growth and development of his home town—Arlington; in the knowledge of the mysteries of the many and various secret societies, of which he was a member; in the guiding and directing of great and useful financial institutions, of which he was the head, and in the science of sanitation, to which he devoted so large a portion of his time, that he was equaled by few and surpassed by none.

Gentle, kind, tolerent of other men's views, as he was, he advocated and debated his own with such force and energy that he almost invariably converted his opponent to the cause which he thus ardently and eloquently advocated.

It is sometimes asked if it pays to lead such a busy and exacting life. Based upon what we know of Doctor Exton's life, the answer comes from this audience in full chorus, YES! Witnessing, as we have, the many high and distinguished honors that fell so thick and fast upon him, we know that such a life brings speedily, and hinders not the well-deserved advancement. As to it paying physically, when we consider his plendid physique; his martial stride, acquired in the service of his country; his well-preserved frame, erect and stalwart always, we point to him as a concrete case of what a life of exemplary habits will do.

His pious and religious life permitted no abuse of that magnificent constitution, he never allowed his form to enter where a Christian gentleman should not be found. He kept his blood free from alcoholic taint, his eye and brain were never dulled by late hours at the club nor over the cards. This Society has lost a valued member. Loyal, well-trained soldier, that he was, he was ever ready to do and to go at the command of his superior officers.

We bow in submission to the decree that bade him lay down his many tasks, and enter into his well-earned rest. We are grateful, however, that we were permitted to have had him with us for so many useful and busy years.

Pompous superlatives are not necessary to describe his simple, pure, Christian life. We may say, however, that he was just and true, he was kind and gentle, he was fertile in ideas and eloquent in speech. He touched nothing without embellishing it.

"They set as sets the morning-star, which goes
Not down in the darkened west, nor hides
Obscured among the tempest of the sky,
But melts away into the light of Heaven."

HENRY CHAVANNE, M. D.

Resolutions adopted by Salem County Medical Society, Nov. 6th, 1912.

Whereas, Divine Providence has seen fit to remove from our midst Dr. Henry Chavanne—a member of our Society, our Secretary and Treasurer for the past 20 years, a person of lovable sociability, an ardent and consistent believer in straight Pharmacy and Practice, an upright Christian gentleman, a patriotic citizen who fought for his country during the Civil War

Therefore, Be it resolved, that this Society desires to express its sorrow at the death of a valued professional friend and brother.

And be it further resolved that a copy of these resolutions be spread on the minutes of the Society and published in the Salem papers.

W. T. Good, N. S. Hires, R. M. A. Davis,
Committee.

Personal Notes.

Dr. Edward A. Ayers, Branchville, addressed the Sussex Teachers' Institute, Nov. 22, on "The Teacher's Part in School Health Work."

Dr. W. H. Axford, Bayonne, foiled an attempt to steal his automobile last month.

Dr. Francis W. Bennett, Atlantic City, sailed last month for Europe where he expects to remain several months, spending considerable time in the Vienna hospitals.

Dr. Talbot R. Chambers, Jersey City, has a paper in Laryngoscope, St. Louis, on "Tinnitus and Deafness; New Instrument for Their Relief."

Dr. Walter E. Cladek, Rahway, spent a few days last month rabbit hunting in Western New Jersey.

Dr. John D Cook, Bayonne, had his auto much damaged bv fire recently. It was thought that some defect in the electrical wiring of the car was the cause. No. 3's company's chemical engine extinguished the fire.

Dr. Albert D. Cuskaden, Atlantic City, and wife, spent a few days recently at Sudan, Pa.

Dr. Frank M. Donohue, New Brunswick, and family, have returned from their summer home —Cedarcrest, Somerset county.

Dr. Richard D. Freeman, South Orange, recently gave a lesson on "first aid" to the South Orange Boy Scouts.

Dr. Frederick S. Hallet, Hackensack, and wife are congratulated on the arrrival of a daughter on November 7th.

Dr. Irwin H. Hance, Lakewood, has returned from Richfield Springs, N. Y., where he had been practicing medicine for three months and has resumed professional work at Lakewood.

Dr. John Hemsath, Newark, was one of the Progressive candidates for the Board of Freeholders, Essex county.

Dr. George J. Holmes, Newark, was one of the speakers at the third annual Conference on the Exceptional Child, held at the College of the City of New York, November 1st.

Dr. A. Haines Lippincott, Camden, delivered an address at the fifth semi-annual meeting of the New Jersey State Nurses Association last month.

Dr. J. Minor Maghee, West Orange, and wife, attended the funeral of Mrs. Maghee's father, in Boston, Mass., last month.

Dr. Bert A. Prager, Chatham, was elected president of the local Board of Health, October 29th.

Dr. John M. Randolph, Rahway, went to North Carolina last month for the benefit of his health.

Dr. Martin W. Reddan, Trenton, was appointed by Gov. Wilson one of the delegates to the American Prison Conference which met in Baltimore, Md., November 9-14th.

Dr. Eugene L. Reed, Atlantic City, returned last month from a sojourn in Canada.

Dr. William G. Schauffler, Lakewood, president of the State Board of Education, addressed the Teachers' Institute, Atlantic City, October 30th, on "Mental Hygiene."

Synnott, Dr. Martin J., Montclair, had an article in the Newark Evening News, November 7th on Sewage Disposal.

Dr. Norton L. Wilson, Elizabeth, has a paper in the September issue of Laryngoscope on "Cancre of Tonsil; Report of Case."

Dr. Joseph C. Young, Newark, has returned from his summer home at Millington.

Dr. Effie R. Graff, Somerville, addressed the Flemington W. C. T. U., November 21st, on "Social Purity."

Dr. Isaac Barber, Phillipsburg, spent a few days last month at Grassy Sound, Md.

Dr. Jackson B. Pellett, Hamburg, is enjoying his usual month's rest on a hunting trip.

Dr. James M. Reese, Phillipsburg, president of the local Board of Trade, addressed the Morris Canal Abandonment Commission last month at a meeting in Phillipsburg. He declared the canal in its present condition a menace to health.

Dr. Henry Allers, Harrison, is having erected in Arlington Cemetery, a monument over the grave of his wife who died several months ago. The monument recently arrived from Italy.

Dr. Henry Cotton, Trenton, gave an illustrated address on "Mental Hygiene" to the men of St. Michael's parish, Trenton, in their parish house on the evening of November 13th.

Dr. Norton L. Wilson, Elizabeth, was elected vice-president of the Elizabeth Association for the Prevention and Relief of Tuberculosis, on November 14th.

Dr. Henry F. Bushey, Camden, with a party of friends, had a rather unsuccessful hunting trip in South Jersey, last month.

Dr. John K. Bennett, Gloucester City, was elected by the Health Board delegates to the meeting of the State Sanitary Association, Dec. 6, and 7, at Lakewood.

Dr. J. Edgar Howard, Haddonfield, and wife returned from their wedding trip, by auto through New Jersey, New York and Pennsylvania, last month.

Dr. George N. J. Sommer, Trenton, recently entertained friends from Washington, D. C., at his residence.

Dr. David F. Weeks, Skillman, superintendent of the State Epileptic Village at Skillman was entertained at a dinner at the institution November 18th, given by the employees, Dr. Weeks went to Europe three months ago to attend conferences for the study of epileptics and to visit the different institutions. The remainder of the time he spent as a vacation. While he was absent the employees and officers decided to tender him a complimentary dinner. He returned home November 16th.

Dr. Enos E. B. Beatty, Newton, was recently thrown out of his automobile while driving it rapidly. The steering gear breaking. He was severely bruised.

Dr. W. G. Schauffler, Lakewood, was elected last month surgeon of the Society of Mayflower Descendents of New Jersey.

Dr. H. L. Harley, Pleasantville was elected Coroner of Atlantic County.

Dr. Joseph C. Marshall, Atlantic City, and wife, have been spending some weeks in California.

Book Reviews.

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume I., Number 5. Octavo of 156 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1912. Published bimonthly. Price per year: Paper, $8.00; cloth, $12.00.

Coming every two months with clinical histories and diagnostic hints from one of America's greatest surgeons this volume is of great practical value to every physican. The articles in this number on ununited fracture, colonic adhesions and ankylosis of the elbow and of the hip joints are alone worth the year's subscription.

Principles of Hygiene: for Students. Physicians, and Health-Officers. By D. H. Bergey, M.D., First Assistant, Laboratory of Hygiene and Assistant Professor of Bacteriology, University of Pennsylvania. Fourth edition thoroughly revised. Octavo of 529 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $3.00 net.

The range of subjects presented by the author is sufficiently extensive and quite full enough for the classes for which they are intended—students of medicine, students of architecture, health officers and general physicians. This fourth edition has been largely rewritten and brought up to date, especially as to water purification, treatment of sewage and the prevention of disease.

Diseases of the Stomach, Intestines, and Pancreas. By Robert Coleman Kemp, M.D., Professor of Gastro-intestinal Diseases, New York School of Clinical Medicine. Second edition, revised and enlarged. Octavo of 1021 pages, with 388 illustrations. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $6.50 net.

The careful study of this work will equip the general practitioner with the special knowledge required to enable him to understand and to successfully treat many maladies now referred by him to the specialist. There has been added a chapter on visceral displacements. Typhoid fever is given a place because of its visceral complications. We are pleased to note that the author condemns the excessive feeding advocated in this disease by some teachers.

A TEXT-BOOK OF OBSTETRICS: INCLUDING RELATED Gynecologic Operations. By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University Pennsylvania. Seventh Revised Edition. Octavo of 1013 pages. with 859 illustrations, 53 of them in color. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $5.00 net.

The seventh edition of this well known work comes to us in a form well adapted to the undergraduate and the active physician. It fully maintains its previous reputation.

A TEXT-BOOK ON THE PRACTICE OF GYNECOLOGY. For Practitioners and Students. By W. Easterly Ashton, M.D., LL.D., Professor of Gynecology in the Medico-Chirurgical College of Philadelphia. Fifth Edition, Thoroughly Revised. Octavo of 1100 pages, with 1050 original line drawings. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $6.50 net.

Five large editions in seven years places the seal of approval on this work. The medical and surgical aspects of gynecology are presented on the basis of the author's personal experience. He takes nothing for granted, but makes his deductions from what he has observed. The illustrations are very numerous and clear and enforce the teachings of the text.

THE PRACTICAL MEDICINE SERIES, COMPRISING ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology, and Charles L. Mix, A.M., M.D., Professor of Physicial Diagnosis, Northwestern Medical School. Vol. VII. Pediatrics. Edited by Isaac A. Abt, M.D., Prof. Pediatries, Northwestern Medical School assisted by May Michael, M.D. Orthopedic Surgery. Edited by John Ridlon, A.M., M.D., Prof. Orthopedic Surgery, Rush. Med. Coll., assisted by Chas. A. Parker, M.D.

THE PRACTITIONER'S VISITING-LIST, 1913, Thirty patients per week. Philadelphia and New York. Lea & Febiger. A convenient pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording the details of practice.

It is issued in four styles, for 30 and 60 patients weekly. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil with rubber, and calendar for two years. Price by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea & Febiger, Publishers, Philadelphia and New York.

NEW ASPECTS OF DIABETES; PATHOLOGY AND Treatment. By Prof. Dr. Carl von Noorden of Vienna. Lectures delivered at the N. Y. Post-Graduate Medical School. Published by E. B. Treat & Co., New York. Pages 160. Price $1.50.

A volume on this subject by so eminent an author, who during the past seven years has studied and treated in his clinic and sanatorium more than 2,000 cases of diabetes mellitus, needs no word of commendation. We have carefully examined it and find that it sets forth clearly the advanced knowledge of the causation, pathology and treatment of diabetes, and cannot but be helpful to physicians in treating this disease.

STATE EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
California, August	199	164	35
Colorado, October	3	1	2
Georgia, October	30	20	10
Indiana, July	79	77	2
Massachusetts, July	119	93	26
Massachusetts, Sept.	54	29	25
Minnesota, October	6	4	2
Montana, October	29	25	4
New Jersey, June*	34	25	9
North Dakota, July	10	6	4
Oklahoma, July	59	47	12
Rhode Island, October	15	13	2
Tennessee, May	309	313	77
Utah, July	9	8	1
Utah, October	7	5	2
Wisconsin, July	15	12	3
Wyoming, July†	5	5	0

*The New Jersey Board examined 20 midwives of whom 14 passed and 6 failed; also 6 chripodoists, 4 of whom passed and 2 failed.

†The Wyoming Board also licensed 10 candidates through reciprocity, including one osteopath.

The Georgia Board also licensed 23 candidates through reciprocity.

Advanced Requirements in Pennsylvania.

Dr. J. M. Baldy, president of the Bureau of Medical Education and Licensure of Pennsylvania, reports that at a meeting held at Harrisburg, Nov. 1, 1912, it was voted that after Jan. 1, 1914, the bureau would require for admission to medical colleges, in addition to a standard four-year high school course or its equivalent, not less than one year of college credits in chemistry, biology, physics and a modern language other than English, or the equivalent thereof as determined by the Bureau of Professional Education; and for examination for license to practice medicine in the State of Pennsylvania, a year of service as intern in an approved hospital, or a year of approved postgraduate instruction, and that the necessary amendments to the medical practice act be secured at the coming session of the legislature. If this legislation is secured Pennsylvania will be the first State to require that every applicant for a license to practice medicine within its borders must have held an intership in a hospital. Pennsylvania, therefore, has the opportunity to be the first State to demand this most desirable qualification for licensure.

Investigating Examining Boards.

Medical examining boards are coming in for a great deal of discussion now-a-days, and it is natural that Flexner should investigate them a little. Though they seem outside of his theme, they are strictly part of the topic, for they become necessary because the possession of a diploma was long ago recognized as no proof of ability to practice. The American Medical Association is taking active steps towards securing uniform legislation in all the States, and we already see evidence of the dawn of a better day. The first medical practice law was passed in New York in 1760, and yet after all this time, examining boards still confine themselves to testing the applicant's memory, with the result that good students of poor schools make fine records even though so utterly devoid of practical training as to be unfit to practice. This is being remedied, but rather slowly. Perhaps in time a diploma will be evidence of fitness, and the boards will disappear as no longer of use, but in the long meantime there must be better examinations and better examiners. The opinion seems to be pretty general that the boards should be separate from boards of health, members being selected by the Governor from nominations by the State Medical Society, that teachers should be ineligible, sectarianism recognized, graduation from a medical college be a requirement for applicants and that materia medica and therapeutics as well as practical and clinical work be included in the examination. The board must have power to determine the standing of colleges, revoke or suspend licenses of practitioners for misconduct and penalize certain actions. These are the main conclusions of the recent conference of the Council on Medical Education and the Legislative Council, and will no doubt be widely accepted, though there is a growing idea that it is safe to omit therapeutics if the candidate is learned in everything else.

Reciprocity has been growing at such a rate that fully 90 per cent. of the States now provide for it in some form, and it is safe to predict that it will soon be universal. The refusal to reciprocate was due to the fact that, here and there, licensing boards fixed too low a standard of examination or merely accepted a diploma. The result has been a general rise of standards all over the country, but as there is still considerable room for improvement, it is not safe to let down the bars at once. There is a very widespread opinion that each individual applicant's qualifications should be left to the examining board to determine as they think best, and that they need not resort to an actual oral or written examination unless the applicant's credentials do not conclusively show him to be qualified. Where the board is required by law to give a rigid examination to each candidate, the decision is left to their discretion in the end, and why not trust that discretion to determine the matter in other ways? The very fact that a physician whose health compels a change, has been in successful practice and in good standing for a certain number of years, certainly entitled him to a license anywhere else, no matter how or where he got his original education and license. The elderly practitioner, general or special, cannot indeed pass an examination which would be child's play to a recent graduate.—American Medicine.

Public Health Items.

State Health Board Reorganizes.

A complete reorganization of the State Department of Health, the details of which were agreed upon Oct. 29, took effect on Nov. 1st, when the present division of food and drugs and the division of sewerage and water supplies were abolished and a new division established combining the functions now performed by the two. The new division will be known as the division of food, drugs, water supply and sewerage. At its head will be Dr. R. B. FitzRandolph, chief of the present division of food and drugs.

Dr. Keator, secretary of the board, will be executive head of the administrative force of the department. One member of the board will be assigned to particular supervision over each division. In this allotment it was agreed that Dr. Richard Cole Newton, of Montclair, should supervise medical and sanitary inspection; former Senator Johnson, vital statistics; former Senator Jacob C. Price, M.D., of Branchville, creameries and dairies, and Mr. Chew, the new combined division.

Births in Chicago.

During the first nine months of this year 31,346 births were reported to the Health Department of Chicago, an increase of 9,878, or about 46 per cent. over the number reported during the same period of 1911.

"Carrier" Books.

The school officials of Washington, D. C., have recently confiscated and destroyed 49,000 text books which has been found to be germ carriers.

Unclean Bakeries.

The Perth Amboy Board of Health has declared war upon unclean bakeries.

According to the reports of the inspectors there are at least a half dozen, the product of which is unfit for human consumption. The presence of bugs and worms is alleged by the board. One baker was reported who keeps a part of his cake supplies in an unfit place.

Tuberculosis Exhibit at Hackensack.

The State Board of Health Tuberculosis Exhibit was held in the State Street schoolhouse October 28-30, with large attendance. Drs. F. S. Hallett, of Hackensack and Frank Freeland, of Maywood, were among the speakers at the evening meetings.

Mercer County Tuberculosis League.

Dr. G. N. J. Sommer, Trenton, in addressing this League, Oct. 22, opened his remarks by saying that it had been said that some one dies every minute of tuberculosis, but he said it could be said that some one dies every second. He stated that there were 266 cases in

Trenton in 1910, and 166 deaths; 311 cases in 1911 and 211 deaths, and 285 cases so far this year and 179 deaths.

Tuberculosis in Animals.

From the report of Chief Inspector McNabb of the State Commission on Tuberculosis in Animals the following:

In the twelve months ending Sept. 30th, 16,705 imported cows were released by the inspectors of the commission. This means that every one of those cows had been submitted to the tuberculin test, and by it shown to be free from the disease. Coincident with this work has been marked progress in eradicating tuberculosis from our native herds. This may be summed in the statement that in the course of the year 950 native cows were slaughtered as tuberculous. The smallest number in any month was 45, in May; the largest, 163, in February. The average was a trifle over 79. It is to be remembered that the tuberculin test is not compulsory in the case of native cattle. Unless the owner asks it, it is only made upon the request of the State Board of Health.

Clean Up at Home.

Dr. White, in the Wisconsin Medical Journal says: In many places outside our own fair land we have met and conquered tremendous sanitary problems. In fact, I have been told by Latin-Americans, "You clean up Manila, Havana, Panama, Colon, and threaten to clean Guayaquil. Why don't you clean your own home towns of their typhoid and malarial death-rates which are a disgrace to civilization?" I cannot answer, but I do say to you that I know that the same energetic application of sanitary laws which, and which alone, made the Panama canal an existent fact instead of an iridescent dream, and was able to do so because of ability in that instance to coerce, will ultimately be able through persuasion and sweet reason to convince our own people that the sanitarian is their best and truest friend, and seeks not to rob them of any portion of their heritage of liberty, and would take away none of their belongings save dirt, disease and death.

Order Against Common Drinking Cups.

Secretary of the Treasury MacVeagh, October 30th, abolished the public drinking cup from railroad cars, vessels and other conveyances operated in interstate traffic, and from depots and waiting-rooms of carriers. This sweeping order against "any drinking cup, glass or vessel for common use," effective immediately, is the direct result of an investigation by the United States public health service —a branch of the Treasury Department—which holds the drinking cup to be a menace as a carrier of disease. A drinking cup as it may contain thousands of bacteria from disease-infected persons. Mr. MacVeagh's action constituted an amendment to the interstate quarantine regulations. Twenty-six States already have laws forbidding the use of the common drinking cup. Common carriers may now provide drinking cups only in case they are thoroughly cleansed by washing in boiling water after use by each individual.

School Inspection in Pennsylvania.

During the week beginning Oct. 21, officers of the Pennsylvania State Department of Health made a complete sanitary inspection of more than 5,000 schoolhouses in the State, in the 656 townships that do not have medical inspection. Dr. Samuel G. Dixon, commissioner of health, desires a detailed report on the sanitary condition at schools in every second-class township in the State. The condition of the rooms and halls must be noted; the method of cleaning given; the amount of lighting space in proportion to the floor area computed as well as the number of cubic feet of air space per pupil; method of heating, whether steam, hot water or stove, and location of the apparatus; disposal of the sewage; location and condition of outbuildings; water supply, if from a well, its location and the possibilties of contamination of surface drainage; if from a municipal supply, whether from within the building on the grounds and the possible sources of contamination; and the care of water in the school room.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, Oct., 1912.

The number of deaths reported to the State Board of Health, by the Bureau of Vital Statistics for the month ending Oct. 10, 1912, was 2,990. By age periods there were 784 deaths among infants under one year, 281 deaths of children over one year and under five years and 783 deaths of persons aged sixty years and over.

Compared with the previous month there was a decrease of 260 deaths from all causes. A decrease also occurred in the number of deaths from Typhoid Fever, Measles and Whooping Cough. The total death-rate for the State is lower than for any corresponding period during the past five years.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending October 10, 1912, compared with the average for the previous twelve months, the average being enclosed in parenthesis:

Typhoid fever, 35 (27); measles, 9 (23); scarlet fever, 9 (12); whooping cough, 18 (18); diphtheria, 41 (41); malarial fever, 8 (2); tuberculosis of lungs, 283 (307); tuberculosis of other organs, 45 (52); cancer, 179 (167); diseases of nervous system, 327 (351); diseases of circulatory system, 333 (394); disease of respiratory system, (pneumonia and tuberculosis excepted), 109 (212); pneumonia, 84 (240); infantile diarrhœa, 402 (194); diseases of digestive system, (infantile diarrhœa excepted), 209 (186); Bright's disease, 203 (233); suicide, 33 (32); all other diseases or causes of death, 663 (607); total, 2,990 (3,098).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined:

Specimens examined from suspected cases of diphtheria, 372; tuberculosis, 482; typhoid fever, 373; malaria, 36; miscellaneous specimens, 78; total, 1,341.

Division of Food and Drugs.

During the month ending October 31, 1912, 751 samples of food and drugs were examined in the State Laboratory of Hygiene. The only samples found to be below standard were: 10 of the 324 of milk; 8 of the 42 of butter; the one of dried milk; the two of dried skim milk; 1 of the four of cordial; 2 of the 19 of cream; the one of frozen eggs; 2 of the five of glaze candy; 3 of the 8 of lemon extract; the one of pepper hash; one of the six of canned salmon; one of 4 of squash; 4 of the 58 of canned tomatoes; the one of veal; 17 of the 25 of cider vinegar and one of the 5 of other vinegars; one of the two of whiskey; the one each of tincture aeonite and tincture iodine and one of the 12 of tomato pulp.

Fifteen suits were instituted in cases where samples were found below standard, 8 being of milk and 5 of butter.

Other examinations were made as follows: Samples of water taken from various oyster bed, 352; samples of oysters taken from oyster beds, 103.

Division of Creameries and Dairies.

During the month 174 dairy inspections were made as follows; the columns give the number of dairies inspected and the number found to be above and below 60 per cent. of the perfect mark:

County.	Number inspected.	Above 60%	Below 60%.
Burlington	19	7	12
Camden	1	1	0
Essex	21	11	6
Hudson	1	0	1
Hunterdon	15	1	14
Mercer	16	5	11
Middlesex	4	1	3
Monmouth	27	7	20
Morris	4	3	1
Ocean	7	1	6
Passaic	2	1	1
Somerset	1	1	0
Union	8	4	4
Warren	40	34	6
Bucks, Pa.	8	1	6
Total	174	78	91

Four dairies in Essex county and one in Bucks, Pa., were stopped producing milk for sale.

Number of dairies; first inspection, 156; reinspection, 18; letters sent to dairymen, 136; water samples collected from dairy premises, 2.

Inspections were made at the request of the following local boards of health: Asbury Park, Bloomfield, Collingswood, ,Helmetta, Orange, Rahway, Trenton and Union Hill.

CREAMERIES INSPECTED.

Allamuchy, Alloway, Annandale, Augusta, Baleville, Baptistown, Beemerville, Bernardsville, Bevans, Blairstown 2; Branchville, Bridgetown 2; Bridgeville, Caldwell, Califon, Camden, Changewater, Chester, Clifton, Clover Hill, Cranbury, Delaware, Elmer, Everittstown 2; Flagtown, 2; German Valley, 2; Glenwood, Great Meadows, Great Notch, Hackettstown, Hainesburg, Hampton, Harbourton, Harmersville, Highland Park, Hixon, Hoffman, Hope, Hopewell Township, Huntsville, Irvington, Lafayette, Lamington, Lebanon, Little York, Locktown, Lyons, Marksboro, Middle Valley, Milford, Montague, Montgomery, Morristown, 2; Mount Pleasant, Naughright, Neshanic, Newark, 6; New Brunswick, 2; Newkirk, Newton, North Branch, Papakating, Pemberton, Price's Crossing, Quarryville, Quinton, Raritan, Readington, Salem, 2; Skillman, Sparta, Stillwater, Swartswood, Tewksbury Township, Tranquility, Trenton, 2; Vernon, West End, Woodruff's Gap, Woodstown, Wrightstown. Total, 95.

ICE CREAM FACTORIES INSPECTED.

Asbury Park, Morristown, Newark, Salem, 2. Total, 5.

During the month ending October 31, 1912, 145 inspections were made in 62 cities and towns; the largest numbers in any cities were: Newark 15; Newton, 12; Camden and Jersey City, each 9; Freehold, 4; Bloomfield, Bridgeton, Hamburg, Newton, and Paterson, each 3.

The following articles were examined during the month but no samples were taken:

Milk, 740; butter, 647; food, 869; drugs, 202; cordials, 40; frozen eggs, 50.

Other inspections were made as follows: Milk wagons, 308; butter wagons, 2; food stands, 35; express docks, 9; cold storage establishments, 4; milk depots, 47; saloons, 15; meat markets, 10; drug stores, 3; grocery stores, 318; creameries, 1; bakeries, 1; slaughter houses, 72; canning factories, 22.

Meat inspections: Hogs, 11; beef, 15; calves, 64.

Inspections were also made of the oyster beds in the vicinity of Maurice River and Lakes Bay.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the Laboratory, 271; public water supplies, 129; proposed public water supplies, 3; private water supplies, 73; State institution water supplies, 4; dairy water supplies, 6; bottled water supplies, 9; miscellaneous water supplies, 29; sewage samples, 18.

INSPECTIONS.

Water supplies and water purification plants inspected at Elizabeth 2, Essex Fells, Frenchtown, Gloucester, Holly Beach, Kirkwood, Lambertville 8, Lawrenceville, Lumberton, Medford, Mickleton, Moorestown, Mount Holly 2, Pemberton, Pensauken, Pleasantville, Summit, Vincentown.

Watershed inspections at Frenchtown, High Bridge, Mays Landing, Medford.

Sewage disposal plants and sewerage systems inspected at Bordentown 3, Bridgeton 2, Burlington, Butler, Chatham-Madison, Haworth, Merchantville, Milltown, Millville 4, Morristown, North Bergen Township, Princeton,

Steam inspections on Atlantic Ocean, Barnegat Bay, Delaware River, Great Egg Harbor Bay, Hackensack River, Lakes Bay, Maurice River, Pensauken Creek, Rancocas Creek, Raritan River, Rockaway River, Shrewsbury River, Wesley Lake, Whippany River.

Number of stream pollutions reported	20
Reinspections of stream pollutions made	80
Stream pollutions found abated	52
Notices to cease pollution issued	19
Cases referred to the Attorney General	15
Plans for sewerage systems, sewage disposal plants and extensions approved	14
Plans for sewerage systems, sewage disposal plants and extensions disapproved	1
Plans for water supply systems approved	3

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-official Remedies, 1912, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-official Remedies," as noted in the A. M. A. Jour., Oct. 12, 1912, p. 1377:

Plague Bacterin, a bacillus pestis vaccine, marketed in single-dose vaccination. 1 Cc. ampules containing 5 billion Billed B. pestis. Also marketed in two-dose vaccination, for one immunization. 1 Cc. ampules containing respectively 1 billion and 2 billion killed B pestis. The second dose is to be injected from seven to ten days later or when the reaction to the first injection has subsided.—H. K. Mulford Co., Philadelphia.

Staphylo-Strepto-Bacterin Mixed in a mixed vaccine marketed in a package of four syringes containing increasing doses of killed staphylococcus pyogenes aureus, killed staphylococcus pyogenes albus and killed streptococcus. H. K. Mulford Co., Philadelphia.

Diphtherie Antitoxin, U.S.P., marketed in syringes containing 1,000, 2,000, 3,000, 4,000 and 5,000 units; also in bulbs. Diphtheria antitoxin globulin marketed in syringes containing 1,000 units.—Cutter Laboratory, Berkeley, Cal.

Detre Differential Test consists of tubes containing respectively Tuberculin O. T., Tuberculin B. F. human, and Tuberculin B. F. bovine. —Cutter Laboratory, Berkeley, Cal.

Tuberculin O. T. (Dilution) Von Pirquet's Reaction, marketed in packages containing ten capillary tubes and one ejecting bulb. Cutter Laboratory, Berkeley, Cal.

Glycerinated Vaccine Virus is a vaccine virus marketed in packages containing respectively five and ten capillary tubes.—The Slee Laboratories, Swiftwater, Pa. (Abbott Alkaloidal Co., Chicago.)

Bismuth Betanaphtholate, Merck is a non-proprietary article and complies with the tests laid down in New and Non-official Remedies for Bismuth Betanaphtholate.—Merck & Co., New York.

Since Oct. 1st, the following articles have been accepted for inclusion with New and Non-official Remedies:

Casoid Diabetic Flour, Thos. Leeming & Co.
Paratophan, Schering & Glatz.
Phenoco, West Disinfecting Co.
Tuberculin B. E., Cutter Laboratory.
Tuberculin B. E., Bovine Laboratory.
Tuberculin O. T., Bovine Laboratory.
Tuberculin O. T., Bovine Laboratory.
Tuberculin B. F., Bovine Laboratory.
Tuberculin B. F., Bovine Laboratory.
Tuberculin T. R., Bovine Laboratory.
Tuberculin T. R., Bovine Laboratory.
Tuberculin Ointment (Moro's Reaction), Cutter Laboratory.
Tuberculin for the Thermal Reaction, Cutter Laboratory.

Two Great Difficulties.

There are two things which it is very hard to get men to do; it is very difficult to get a lazy man to work, but it is still harder to keep an energetic man quiet.—Sir Lauder Brunton in Clin. Jour.

Facetious Items.

Do You Know These Men?

Do you know a man who's always got
A quick and certain cure
For every ill or ailment that
A mortal can endure.
He always wants to try it out
Whene'er his friends are sick,
But when he's feeling punk himself
He calls a doctor quick.

I know a man who knows just how
To fix your touring car,
He stands upon the curb and tells
You what a chump you are.
But when his lawnmower starts to squeak
He knows not where to drop
The oil to make it run again,
And sends it to the shop.

I know a man who tells you how
You should invest your dough;
How you should place your bankroll so
That it will thrive and grow,
But still the frenzied financier
Has never got a cent;
His wife takes in plain sewing so
That they can pay their rent.

Whenever I encounter one
Who blows and blows and blows,
I have my opinion on
How much he really knows.
The conversational gazabo
Has got the head of wood,
The quiet party is the one.
Who's certain to make good.

—R. K. Moulton.

Times of High Living.

A man calling on his butcher to order something for dinner was asked if he would like to have a saddle of mutton.

"Why," he said, "would it not be better to have a bridle, as I should then certainly stand a better chance of getting a bit in my mouth." —London Tit Bits.

The Sign of a Frontier Quack.

LEGS AND ARMS sawed off while you wait without pain. Child-birth and tumore a specialty.

No odds asked in measles, hoopingcoff, mumps, or diarear.

Bald-head, bunions, corns or warts, cancer, ingrowing tow-nales treated scientifically.

Coleck, cramps, costiveness nailed on sight.

Wring-worms, pole-evil, shingles, moles and cross-eye cured in one treatment or no pay.

P. S.—Terms: Cash invariably in advance. No cure no pay.

N. B. (Take Notis) No coroner never yet sot on the remanes of my customers, and enny one hirng me don't hafto be layin up money to buy a gravestone. Come on, come all.

Inquisitive—Why did papa have appendicitis and have to pay the doctor $1,000, mamma?

"It was God's will, dear."

"And was it because God was mad at papa or pleased with the doctor?"—Life.

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REMATURE ARTERIAL SENILITY*

By W. Blair Stewart, A.M., M.D.,
Atlantic City, N. J.

Arteriosclerosis should be classed among the most ancient troubles of mankind and not considered as a disease of modern excesses and fast living. Dr. Ruffer (Lancet. Aug. 19, 1911, pp. 534) made investigations of many Egyptian mummies, the age of which dates backward over 3,000 years, and found well developed arteriosclerotic conditions present. The disease in those days showed the same macroscopic and microscopic conditions as are recognized by our pathologists to-day. He summarizes by saying that tobacco was not the cause because it was unknown to the ancient Egyptians. He found the disease present in 800 examinations of ancient Mussulmen who had never touched alcohol in their lives, and yet it was a very common disease among them. These cases are very interesting from an historic point, but are not conclusive as to the possible injurious arterial effects of tobacco and alcoholics. Undoubtedly many cases find their origin in the moderate or immoderate use of either.

Most clinicians place syphilis as the important etiological factor in the production of this disease, and show its selective action especially in the cerebral arteries. Lead poisoning, vascular stimulants, gout, rheumatism, malaria, over exercise, heredity and many other conditions are scheduled as primary and secondary causes of atheroma. Old age is responsible, in the eyes of many, as the constant wear and tear of the arterial system gradually produces hypertrophy, secondary dilatation, degeneration and atheroma. Theory after theory is exploited and every cause advanced will probably produce some arteriosclerotic cases. The trend of latest investigations leads largely to the material influence of dietetic indiscretions and intestinal putrefaction or indigestion.

An excess of proteids or sugars will not be completely digested and will give rise to intestinal fermentation or putrefaction, and the formation of toxic substances that are absorbed by the circulatory system. They act as irritants and increase the activity of the heart and blood vessels, and must be eliminated by the kidneys, skin, or liver. At first, the process does not cause much disturbance, but day by day it continues, but gradually brings about the inevitable. When one considers that the heart beats 90,000 to 100,000 times in 24 hours, with an average pressure of 2½ pounds to the square inch, it is easy to see the effect of every increase in rate and pressure upon the vessels. There is a hypertrophy of the heart, followed by hypertorphy of the muscular arterial coats. In time, this will give way to degeneration and in many cases, deposit of calcareous matter. The general arterial system becomes permaturely old, and atheroma is soon produced. One has aptly said "A man is as old as his arteries." Many a man at 40 is as old in his arterial system as the average man of 80. Physicians seem to be particularly prone to this disease, due largely to their lack of proper physical exercise, great mental and nervous strain and worry, overeating, excess of proteid diet and irregularities.

The rich and well-to-do indulge in high living and too little exercise and live shorter lives than they should. The habit of modern man is to eat too many mixtures of food, highly seasoned, rich in sugars, oils and fats and to drink large quantities

*Read at the 146th annual meeting of the Medical Society of New Jersey, Spring Lake, June 13, 1912

of fluids at the same time. While found in rural districts and the lower walks in life, atheroma is a rare disease until advanced years. Negroes are more susceptible than whites.

Indicanuria is a product of intestinal putrefaction and is of such importance that it affords one of the most valued indices preceding the development of atheroma. The systematic examination of the urine for indican should be followed in every case of digestive disturbance of any standing. If indican is present there is every reason to look after dietetics and not exclusively to pancreatin, salol, and the many proprietary medicines that are prescribed in the routine manner. Too little attention is given to dietetics and exercise for they go hand in hand. Large meals with little or no exercise will surely produce arterial senility.

The average case shows no symptoms until an attack of dizziness, vertigo, headache, transitory paralysis, "rush of blood to the head," a nerve storm or neurasthenia forces the attention of a physician. Upon the wisdom, care and method of examination will depend the future of that case. If not actively present it is only a step to insufficient kidney function, irritation and Bright's disease.

With the syphgmomanometer at our command there is no excuse for neglecting blood pressure. In most cases of decided or slight intestinal putrefaction and indicanuria there is a high blood pressure. This is another valuable index of premature arterial senility. In studying these cases Mills and others found that a high blood pressure with a diminshed percentage of urea is almost invariably coupled with organic kidney disease.

The management of this class of cases is already suggested by a study of its causes. When alcoholics, improper drugs and excesses are eliminated, and syphilis and malaria treated, the most commanding factor is diet. Each case is really a law unto itself but in all, meats must be eliminated or reduced to a minimum amount. A diet of carbohydrates is best; fresh fruits, green vegetables and rice. Eggs and milk must be used according to the indican index. Food should be well masticated and taken as nearly dry as possible. Fluids should be taken in moderation. It is well to remember that healthy persons will eliminate an excess of fluids rapidly without harm; but with atheromatous vessels and diseased kidneys the elimination is slow and blood pressure is raised. Do not b misled in cases of glycosuria associated wi arteriosclerosis for, as the former disa pears, the latter increases.

The excretory activity of the kidne can be watched and determined by the ph nol, sulpho, naphthalein test. Coffee, te and vascular stimulants of all kinds mu be avoided when blood pressure is hig Hot baths are very dangerous in the cases and should be given only under th strictest medical supervision.

Blood pressure should be very carefull watched and held within a safe limit. I early cases the removal of the cause wi suffice. It is very unwise to give nitro glycerin as a routine, as harm will ofte follow. If there is a primary high tension free elimination and nitroglycerin are o decided service. Bishop of New York de scribes a "Secondary low blood pressure, as those cases where the blood pressur has remained high for some time, but, fo some reason, is no longer maintained. I this class of cases nitroglycerin will d harm and produce great discomfort. Man of our cases are suffering from the effect of a low blood pressure produced by ni trites and will only get relief when they ar withdrawn and the pressure reestablished Giving nitroglycerin interferes with na ture's effort to maintain compensation an unless there is specific cause, for its use let it alone. Small doses of iodides, gr. ½ to 1, after meals, will give excellent result where larger doses will cause distress There are cases, however, that will only improve when iodides are pushed in large dosage.

The presence of atheroma should not be the death knell of the patient. Many cases will live for years with little or no discomfort, provided rational methods are exercised. If we as physicians will wisely regulate dietetics and exercise and break up the sedentary, lazy habits of our patients there will be less atheroma, greater longevity and increased happiness.

DISCUSSION.

DR. LOUIS F. BISHOP, New York City: I must say that I think that Dr. Stewart has given a most satisfactory outline of the best accepted views on the subject. There is only one point worth mentioning by me, and that is that we should make a distinction between atheroma and arteriosclerosis. The former is the senile hardening of the arteries, which is almost physiological. It has nothing to do with arteriosclerosis, except in that occasionally atheroma leads to accidental breaking through of an atheromatous patch and cerebral involve-

ent. Arteriosclerosis is a compensatory process, beginning with a compensatory thickening f the coat of the artery, to keep up the blood ressure. Then the artery hardens, and we get rteriosclerosis. Neurasthenia is often an ear- y stage in the arteriosclerosis, showing auto- ntoxication, which leads to kidney change and ve have the whole picture of the disease. Dr. Stewart's conclusions are most sound and satsfactory, and are the views that ought to be ccepted.

THE ALCOHOL INEBRIATE—WHAT CAN WE DO FOR HIM UNDER EXISTING CONDITIONS IN NEW JERSEY.*

By Charles A. Rosenwasser, M.D.
New York City.

In its report to the Hon. John Franklin Fort, Governor of New Jersey, the Dependency and Crime Commission appointed by him for the purpose of making inquiry as to the causes of dependency and criminality and for the suggestion of remedial measures, says: "We desire to call attention to the importance of the establishment of a hospital for persons who are afflicted with the habitual addiction to alcohol and other narcotic drugs, so that they may be scientifically treated and restored to usefulness. It is the consensus of opinion that our present system of dealing with the inebriate who falls into the hands of the law, as he is very apt to do, is barbarous and inhuman, and is a relic of the Dark Ages. Punishment for drunkenness has been meted out for centuries, and has been proven to be an absolute failure. Why should this method be allowed to continue when there is a more rational way of dealing with these unfortunates, many of whom through heredity and environment are more sinned against than sinning? A method, which in the light of modern progress is as bright and full of hope as the present method is full of darkness and despair. The State needs most urgently a hospital for inebriates as a means of preventing insanity, diseased and degenerate offspring, and dependency and crime. Aside from its incalculable value as a saver of men and women, it would be a great financial gain in the end."

This statement is concurred in by practically every person who has given any thought to the subject, and in several States in this country there have been established, or are about to be established hospitals and farm colonies for the care and treatment of inebriates. But the inebriate of New Jersey, what of him. To his wife, mother and other near relatives and friends, the progress being made in other States is of no direct importance. The remedy does not touch their sore spot. They are daily confronted with a stern reality, not a dream, and are asking, "What can we do for our unfortunate and for ourselves; we would save him if he can be saved, we must protect ourselves if we cannot help him. What can we do under existing conditions in this State?

In the hope of helping in the solution of this perplexing problem this article is written. It is based upon practical study of the question, and in view of conditions as they are, and not as they ought to be.

While, of course, individual cases of inebriety present individual features, there is a certain similarity which permits of their classification into groups. For all practical purposes we can arrange five such groups. They will be considered in order, and the remedy for each will be pointed out.

Group One. This group includes the large army of persons who, while attending to their daily vocations, are daily consuming a small amount of alcohol in some form or other, and who have the drink habit without knowing it. They do not get drunk in the sense that the general public uses the term, they do not reel or stagger, or lose control of themselves perceptibly, but they are more or less braced up by alcohol much of the time. They are usually considered to be moderate drinkers. Whether or not an individual is a member of this group can easily be determined. Let the so-called moderate drinker make a firm resolve to never again touch a drop of alcohol in any form. If, after a few days of abstinence, he begins to yearn for a drink and finds total abstinence not as easy as he thought; if he finds it hard to refuse an invitation to have a drink, and also finds it quite an effort to go about his work without a bracer, or to take his dinner without an appetizer, there is strong evidence that the habit has begun to fasten itself upon him. If he yields to the nagging, persistent demand for his accustomed stimulant, as the vast majority will and do, the evidence is conclusive that he has the drink habit in the early stage.

The remedy at this stage is for the individual to make up his mind to let alco-

*Read at the 146th annual meeting of the Medical Society of New Jersey. Spring Lake, June 13, 1912

hol in every form severely alone, and to keep that resolve at all hazards. In most cases, at this time, the exercise of the will and the application of ordinary common sense rules of health are all that is needed. If the individual finds it impossible to keep his resolve without help, medical advice should be obtained. The importance of this is very great for if every case of drink habit could be reached and checked at its beginning, an endless amount of suffering would be avoided. In many instances the taking of alcohol for stimulation is due to some abnormal condition, the correction of which is absolutely necessary for the welfare of the individual. The underlying cause may be difficult to locate, or, on the other hand, may be easily discovered. Some of the most common causes of the drink habit are nervous exhaustion, diabetes, eye strain, impaired heart action, worms, catarrh of the stomach or intestines, especially from indiscretions in diet, and excessive smoking.

Should the individual at this stage refuse to abstain from alcohol, he cannot be compelled to do so, nor can he be compelled to place himself under treatment. Indeed in the vast majority of cases he may live a long and useful life in spite of his drinking, and be a respected member of society. Comparatively few men go on to the next group.

Group Two. This group comprises persons who have gradually developed from what is generally called moderate drinkers to heavy, more or less constant drinkers. The individual may or may not get perceptibly drunk daily or at times, but it is plain to everyone that he is drinking too much. He begins to grow neglectful of himself and his affairs, does not keep his appointments and his prone to forget his obligations to his family and to society in general.

The remedy indicated in group two is plain, but difficult to apply, for in attempting to help this individual we usually encounter at the outset a great obstacle in his peculiar nature and make up. It is always difficult, and at times impossible, to get him to see himself as others see him. The nature of the disease is such that the patient is usually quite satisfied with himself and does not realize that he is doing himself an injury, and that he is developing a disease which if unchecked, will bring degradation and sorrow upon himself and his loved ones. His friends should therefore approach him tactfully and with great patience. He must be brought to realize that he is in the hands of friends who recognize that he is in need of medical attention, and he must not be allowed to feel that he is being looked down upon as a drunkard. They should explain to him that his actions lead them to believe that his nervous system is in an unhealthy condition, and, along these lines should try to win his confidence and induce him to place himself in charge of a reputable physician for treatment. The treatment must cover a period of months, and consists essentially in thoroughly studying the patient and applying in each case the remedies called for. There is no remedy or plan of treatment which will be of value in all cases. Every patient must be studied and treated as an individual. If the condition has not progressed too far, the patient can be successfully treated without necessitating his leaving home or remaining away from business. It is also important to note that the remedies indicated are within the reach of every physician, and that there is no need for resorting to secret remedies or secret systems of cure. Much can be done for members of this group provided that their co-operation is secured. If they do not wish to stop drinking or to place themselves under treatment, they cannot be compelled to do so, and nothing can be done for them. Our hands are tied and we can do nothing but sit idly by and watch them go down to destruction, hoping they will wake up before it is too late. Happily they sometimes come to their senses.

A victim of the drink habit cannot be cured against his will and there is nothing which can be given to him secretly which will cure him, the alluring advertisements of the quack to the contrary notwithstanding. All remedies claimed to have the power of curing the drink habit without the knowledge and co-operation of the patient are frauds, and it is a waste of time and money to use them. Aside from the fact that they may do actual harm to the patient, they further do him and his family great injustice in destroying the hope of cure, and by keeping the patient away from those physicans who are making honest efforts to do something of value for the inebriate.

Group Three. This group is composed of those inebriates who are subject to periodical sprees, and who between the attacks are usually sober citizens, total abstainers in fact, good men, and valuable to the world. These men are all in need of medical attention. The physician can often teach them how to remain well and how to foretell the onset of an attack and, by proper and prompt treatment, can often ward off

n attack. When a spree has begun, every ffort should be made to break it, for the onger it lasts the worse is the effect upon e health of the patient, and the more difcul ultimate cure becomes. In managing e patient during the spree it is usually ecessary to overlook his wishes and preidices, and deal with him as we would ith a person bereft of his senses. Restraint n an institution is frequently needed. City Iospitals will usually take care of these atients until the attack is over, and in some stances they can be committed to an inne asylum on the certificates of two phycians. If a member of this group refuses place himself under the care of a phycan or enter a hospital and, if the case be ot severe enough to warrant commitment an insane asylum, nothing can be done.

Group Four. This group is composed of ebriates who have become unable to mange themselves or their affairs. More or ss drunk constantly, they are a menace themselves and to society. They are e individuals we see drunk on the streets, r lying in gutters or hallways, or in our olice courts and jails, if they are poor, r leading wild and riotous lives and spendg days and weeks in drunken revelry, if ey are rich.

It is almost impossible to get the memers of this group to do anything for themlves or their families. They either will ot or can not make the effort to abstain om alcohol, and must be placed under reraint for their own protection as well as r the protection of society. Not infreuently members of this group escape from sylums and get drunk as soon as they can btain alcohol. As they are irresponsible ey can be adjudged insane by two phycians, and be committed to an insane asym. This fact was made clear to the writ r by the Attorney General's office. The apers having been properly executed, the olice will remove the patient to the asylum he refuses to go voluntarily.

It is also possible to have a member of is group committed to an asylum under e provisions of the Habitual Drunkard's ct, but Chancery proceedings are required, nd the cost is several hundred dollars. This especially resorted to in dealing with an abitual drunkard who has an estate, and or whom it is necessary to appoint a trusee or guardian.

Group Five. This group consists of the ebriates who fail to provide for their famies, beat their wives, are disorderly, and therwise violate the law. They are of course subjects for the police, but many on examination will be found to be irresponsible, and can be dealt with as are members of group four. Indeed whenever possible before a complaint is made to the police about a drunken relative or friend, it is wise to have the indivdual examined by a physician. If he is irresponsible, it is nothing short of a crime to send him to jail or to the penitentiary. There nothing is done to help him, while in an asylum he will receive humane and scientific treatment. Some day perhaps we will be able to do things in a more enlightened way, but the writer is, as above said, considering things as they are and not as they should be.

Viewed from the practical standpoint, the results of the treatment of the drink habit, irrespective of the method employed, whether by the use of drugs or without, whether by detention in a sanatorium or an asylum for a long or short time, or by treatment at home,, are as follows: Some patients are cured; some are improved; and some are incurable.

By cured is meant that the patients are leading sober lives. They are cured in the same sense that a patient suffering from gout is cured. The symptoms of gout may disappear under treatment, but the tendency to attacks remains, and the individual is still "gouty." The inebriate may stop drinking and lead a sober life, but he still retains the tendency to develop drunkenness.

However, the number of cases that are cured are greatly outnumbered by those in whom improvement is the best that can be obtained. Unfortunately the condition is prone to relapse regardless of what is done in the way of treatment. There are many reasons for this. There is nothing which will remove the tendency to the development of drunkenness, and there is no alcoholic concoction or beverage, however weak in alcoholic content which an inebriate can take without sooner or later developing drunkenness. Occasionally one encounters a man, who, having once been a drink addict, is now a moderate drinker. Though this is the exception which proves the rule, such a man is walking on thin ice, and it is merely a question of time before he will fall and be submerged. For the inebriate who wishes to remain sober, there is only one road, and that is the road of total abstinence.

Most inebriates have rather a hard time to remain abstinent. The drinking of alcoholic beverages is a universal custom. Most everyone takes alcohol in some form

or other. Physicians use it themselves and prescribe it, though much less frequently than formerly. It is used in the kitchens of most noble housewives, and hence we encounter it in our food-stuffs and table delicacies. Almost all fluid medicines contain it. But little of it is required to arouse the craving for more in the predisposed. A half ounce of whiskey is usually more than enough. The little that is contained in a wine or brandy sauce will often suffice. The "down-and-outs" will tell you that it is easier to get a glass of whiskey than it is to get a piece of bread. The inebriate must live the life of his environment, hence you see that the road before him is rough and rugged. Beset with danger on all sides, cursed with a disease-breeding disposition, misunderstood and therefore misjudged and mistreated, is it any wonder that he so often succumbs to temptation, and that those who remain totally abstinent forever under any plan of treatment are outnumbered by those for whom the best that can he secured is improvement. Improvement insofar that the days of inebriety will be fewer.

The drink habit is in most cases an expression of a chronic disease, and like all other chronic diseases is prone to relapse. Relapse calls for treatment not for condemnation.

Remember that to err is human, and so is the inebriate.

DISCUSSION.

DR. ALEXANDER MARCY, JR., Riverton: Dr Rosenwasser has given this subject much careful and intelligent thought, and his observations and recommendations are entitled to our serious consideration. He has dealt with the inebriate in New Jersey, but what he has said of him applies with equal force to the inebriate in other States where the conditions are practically the same as they are here. In fact the conditions are the same the world over. The curse of intemperance knows no country, class, sex or color, although we do find different in different peoples, and much more drunkenness among some nationalities than we do among others, yet the problem is practically the same everywhere. What are we to do with the victim of alcoholic excess, and how can we help the men and women who have become enslaved, to regain their freedom?

This is the serious problem that confronts us and it's solution is not easy. I am positive in my conviction that alcohol has been a curse rather than a blessing to mankind, and if it were possible for us to prevent its manufacture and use, a very large part of our dependency and crime would be prevented. I feel equally sure that thousands of people die annually, who could and should have lived much longer had they not been users of alcohol. But the poor we have always with us, and so have we the inebriate, and our concern is at this time how to deal with him. I am strongly of the opinion that the State should provide an institution for the study and care of this class of cases. It should be custodial and correctional and could, and would do much for these unfortunates. Many such could undoubtedly be cured and be restored to their families and again become useful members of society. Others no doubt, would always have to be kept in custody, but under proper supervision they would become self-supporting, while, at the same time be removed from society at large, where they are always a menace as well as a nuisance. The States owes this to itself as well as to the individual, and it is a duty just as imperative as that of providing for other classes of defectives and unfortunates. Such an institution could be made self-supporting; and, to a certain extent the inmates might contribute something to the support of the families who may have been depending on them. The liquor interests should be taxed if a tax is needed, to support institutions which they make necessary, and the license fees should be so high that the revenue from such sources should at least pay all expense connected with, or resulting from a traffic which is a curse upon humanity, a blight upon society and a menace to our civilization and government.

DR. EDWARD B. ROGERS, Collingswood: I think that the best cure of the inebriate is the prevention. I am not a Prohibitionist, but a tee-totaller, and for that reason, I am not so biassed as the Prohibitionists, looking at it from a political point of view. If we believe these men, most of the inebriates are more or less insane; but they are not confirmed maniacs and cannot be classified as insane. The State has provided that we can admit them to the insane hospital as either private or insane patients. If the State admits them as private patients for the treatment of alcoholism, there should be an alcohol ward provided in the State Hospital. The State should not take their money and make them think that they are getting private treatment, and then put them in with a lot of crazy people. I had a patient there last winter, who had met with financial reverses He had been an influential man in politics, and became a drunkard. In order to save him, we collected money from his friends and sent him to the State Hospital. I went to see him there and found his condition so deplorable that I recommended that he be sent home in two, instead of three months. He has not been drinking since. I emphasize the point that the State should not take a patient for alcoholism without providing an alcoholic ward.

DR. NORTON L. WILSON, Elizabeth: I wish to speak of a case that I saw when I was doing general practice. The man scorned the idea of entering an ordinary liquor saloon, but he became intoxicated every week on two or three bottles of "bitters." He did it for years, and his mother finally begged me to make arrangements with the druggist to substitute something else for the bitters.

A man who has knowledge knows how to ask questions.—A. Jacobi.

POST-OPERATIVE COMPLICATIONS OF ABDOMINAL SECTION.

By RUSSELL S. FOWLER, M.D.
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ef Surgeon, First Division, German Hospital of Brooklyn Surgeon, Methodist Episcopal Hospital of Brooklyn.

In addition to those complications which y occur following any anesthesia or eration, there are certain complications ich are peculiarly the complications of lominal section.

Peritonitis may immediately follow eration due to failures in aseptic technic. ch a peritonitis is usually general from outset. A certain amount of *local peritonitis* complicates practically every operan in the abdominal cavity. This is a *nservative* process. In simple cases without drainage it rarely gives enough symptms to have attention directed toward it. ere may be some pain about the neighrhood of the operation, but it is hard to tinguish this pain from the soreness of abdominal wall, resulting from the und. In drainage cases this conservative itonitis is more marked and causes a e of temperature for the first few days. is is particularly noted in operations on the upper abdomen and calls for no atment other than raising the head of bed to retard absorption. It may exd beyond the field of operation, but still upy a limited area. The symptoms are nparatively mild. Pain and tenderness present; within the area of inflammaon there is a limited amount of distenn. The pulse and temperature are only derately accelerated. The inflammation, ally subsides at the end of forty-eight urs.

It may, however, extend (*spreading peritonitis*) if the infection is a severe one and y prove to be the precursor of diffuse tic peritonitis. If localized no treatment necessary as the process is a conservae one. If the process is more extense saline by rectum is given to eliminate septic material and distention is preented by enemas. These measures, toher with the elevated head and trunk sition to prvent the rapid absorption of ective products will usually suffice. If, wever, the process has a tendency to ead, feeding by stomach should be discntinued in order to prevent peristalsis h consequent spread of the infection.

Cryptogenic Peritonitis after operations for infectious processes in the abdomen. It occasionally happens an intra-abdominal abscess develops at a point distant from the original focus. This is particularly true in cases of appendicitis with abscess. The secondary abscess may be on the other side of the abdomen, may be in the pelvis, under the liver, or in the neighborhood of the kidney. It is always a question whether such an abscess is caused by the direct extension of the infection, or through the lymph channels causing a secondary infection. In any event, some time after operation for peritoneal abscess the temperature rises and symptoms of further infection are shown. An examination of the wound fails to disclose any cause therein for the symptoms. A thorough examination of the abdomen, loins and rectum will show signs of inflammation at a point remote from the original focus. Such abscesses are opened by the route affording the best drainage. Pelvic abscesses in females are opened per vaginam and abscesses in the neighborhood of the kidney through the loin. Those not far distant from the wound are opened through the original wound. Abscesses on the opposite side by the most direct route. *Wound treatment* and *wound complications* are the same as found in wounds elsewhere.

Infection of the abdominal wound may be expected following operation for acute infective processes in the abdomen such as acute appendicitis and pyo-salpingitis. Such infections will occur regularly if suitable preventive measures are not taken. Such measures consist in the protection of the wound surfaces by pads from the infected organ, the handling of the infected organ with instruments which are discarded as soon as used, the frequent rinsing of the gloved hand in an antiseptic solution, and the handling of the wound with instruments other than those used in caring for the infected organ. Kocher's old adage of "Noli me tangere" in regard to the treatment of wounds in general applies particularly here.

Protecting the wound at the expense of the peritoneum by drawing the peritoneum up and attaching it to the skin may be done. The rich lymphic system of the peritoneum is better able to care for infection than the other issues of the abdominal wound.

Rupture of the Wound. This accident is at the present day exceedingly rare. The exciting cause is some muscular effort such

as vomiting, coughing, straining at stool, or conscious or unconscious struggling. The predisposing causes are those conditions of the blood tending to slow union, anemia, syphilis, tuberculosis; conditions of the wound such as infection or secondary hemorrhage; lack of efficient technic in the suturing, or incomplete suturing in drainage cases, imperfect ligature material, improperly placed incisions, lack of proper wound support, etc., and maniacal acts. Rupture may occur at any time, but in clean wounds is usually met with in the first twenty-four hours; in septic wounds later. The whole wound may be involved or only a part.

Treatment. Occurring in clean wounds the indications are to immediately cleanse gently the extruding viscera, replace them and resuture—without drainage unless certain soiling has occurred through the escape of some of the bowel from beneath the dressing, or unless infection already existed. An adhesive plaster scultetus is applied. Rupture in suppurating wounds requires cleansing and replacement of the viscera, and graduated tamponade of the wound, with such suturing as is necessary to secure the tamponade. An adhesive plaster scultetus is applied. Cases of rupture in septic wounds are, in addition, treated as diffuse septic peritonitis cases.

Ventral Hernia. This complication, occurring as it does weeks or months following the operation, is largely preventable. It is due to improperly placed incisions, particularly incisions in the linea alba, instead of through the right rectus muscle, and incisions so placed as to destroy important nerves. Poor technic at the operation may have allowed infected material to come in contact with the wound, thus favoring infection. Hernia may also be due to improper suturing of the wound, infection of the wound, to drainage and to conditions such as meteorism or lack of sufficient support to the wound producing strain. Poor wound healing may be due to complicating general disease.

Hematemesis. This occurs most frequently following operations for acute appendictis. It is rare. The blood comes from minute ulcerations of the gastric mucosa caused by plugging of the gastric terminal vessels with infectious emboli derived from the infectious focus (Van Cott). The symptoms are persistent vomiting of dark brown or black material consisting of altered blood. The prognosis is bad. The treatment consists of repeated lavage with alkaline solution, salines by rectum and general supporting measures.

Suppurative Hepatitis. This complication also most frequently follows operation for acute appendicitis, though it may occur after any operation for sepsis involving the veins of the mesentery. Septic thrombi in the mesenteric veins are displaced and carried into the portal vein and thence to the liver where they lodge and form septic foci with characteristic symptoms. Usually these foci are multiple and operation is unavailing. Occasionally, however, but one large abscess will result. This latter type presents a more favorable prognosis.

Purulent Pericarditis may follow hepatic abscess. Purulent Pleuritis may occur in the same way. It may be the only complication of an acute appendicitis.

Iliac Phlebitis with Thrombosis. An edema of one or both of the lower extremities occurs as a complication of apparently clean as well as of septic cases. It occurs more frequently as a complication of acute appendicitis where the appendix is in relation with the right iliac vein. Displacement of septic thrombi in this situation is followed by *pulmonary thrombosis and septic pneumonia.*

Distention due to Intestinal Atony. This occurs in elderly patients with thin flaccid muscles, particularly in those from whom large tumors or cysts have been removed. It occurs quickly following the operation, and is probably due to sudden relief from pressure of the growth. Inspection shows a much distended abdomen, a condition which later becomes extreme meteorism. Occasional slow peristaltic movements are seen through the thin abdominal wall. There is no pain. The abdomen is at first soft and yielding to the hand; later extreme meteorism develops unless active measures are taken to relieve the condition. If active measures are not taken paresis results and the patient dies.

Treatment. Preventive treatment is best. Following the removal of large growths the peritoneal cavity should be filled with saline or saline and oxygen to take the place of the removed growth and so equalize the intra-abdominal pressure A tight binder is applied. Stimulating enemata are given as soon as the patient is out of the anesthetic. Strychnia hypodemically in doses of 1/30 of a grain every four hours, and atropin hypodermically in doses of 1/200 of a grain every four hours, are given to combat the intestinal paresis. On the occurrence of distention high stimulating enemas such as alum enemas or enemas containing turpen-

tine are given frequently. These may be alternated with enemas not producing so much irritation of the intestinal mucosa; for instance, milk and molasses enemas. As the condition is one of atony, a secondary operation is not indicated, though in extreme distention multiple incision and evacuation of many segments of the intestine may, in desperate cases, prove of value.

Analagous to this condition, though a very rare complication, in that the producing cause of the same is *post-operative general oozing* from the peritoneum after removal of large growths and sudden relief from pressure. It will be noted before closing the abdomen that oozing occurs from different points of the parietal peritoneum, particularly in the neighborhood from which the mass was removed. *Treatment.* The treatment here also is preventive. The abdomen is filled with saline, or preferably, saline and oxygen, and a tight binder applied. Should the oozing continue as shown by dullness in the flanks and prolonged shock the usual general treatment for shock and hemorrhage is employed.

Intestinal Paresis follows in cases of long continued distention and in cases in which the muscular wall of the intestine is involved in a septic process. The distention is relieved to a slight extent by enemata, but rapidly recurs. The treatment consists in repeated enemata, lavage, elevated head and trunk posture, single or multiple enterotomies, the formation of an artificial anus and the administration of massive doses of atropin. The atropin should be given to the physiological limit and if paralysis of the bladder follows, the use of the catheter will be necessary. The prognosis is bad. Hormonal has not thus far in our hands shown the remarkable results attributed to its use by others.

Post-operative Intestinal Obstruction. Owing to the improvement in operative technic, post-operative intestinal obstruction is not nearly so common as formerly. The symptoms of obstruction may occur immediately after operation, or may be delayed for a period of weeks or months, or even years. If it occurs immediately after operation it is due either to an overlooked obstruction complicating the conditions for which the operation was done, or else an error in technic at the operation itself. The omentum or even the intestine may have been caught by a suture in sewing up the abdominal incision; violent retching may force a loop of intestine between two sutures in case individual sutures have been used; or a portion of the wound may be ruptured by severe straining caused by vomiting and a loop of omentum or intestine forced into the wound. In such instances it is usually the small intestine that is involved and the obstruction is acute. The symptoms are vomiting, pains in and around the wound, distention and collapse. Such symptoms occurring soon after abdominal section call for immediate inspection of the wound. The large intestine may be the seat of obstruction; in supra-vaginal hysterectomy in suturing the utero-sacro ligaments to the stump, these ligaments are dragged upon and as they embrace the rectum they constrict it even to the extent, in some instances, of producing obstruction. This should be suspected in cases of hysterectomy developing acute obstruction of the large intestine immediately following operation. Vaginal and rectal examination reveal the ligaments as tense bands embracing the rectum. For the obstruction, if absolute, a colostomy should be performed (Christopher Martin).

Another form of post-operative obstruction occurring following intra-abdominal gynecological conditions which are post-operatively complicated by an hematocele in the broad ligament, is that in which the hematocele causes an annular constriction of the rectum. Whenever obstruction of the large intestine immediately follows the formation of the hematocele this form of constriction should be suspected and rectal examination made. Usually the stricture will admit the forefinger, but in rare cases it will entirely obstruct the lumen of the bowel. *Treatment.* The hematocele should be emptied and if this does not give relief an attempt to dilate the stricture is made. If the symptoms are urgent colostomy is performed (Christopher Martin).

Post-operative Intestinal Obstruction Due to Peritonitis. The peritonitis may be local or general. If local a single loop is involved either by kink through plastic exudate, by involvement of the muscular coat of the intestine in the inflammation, or by torsion of a loop of intestine through plastic exudate in the mesentery. These forms of obstruction may occur as the result of the original inflammation, or may be due to traumatism at the time of operation. If the former, the symptoms will immediately follow the operation; if the latter, several days or a longer interval will elapse before symptoms present. The symptoms may be those of incomplete obstruction, recurring attacks of painful distention relieved by en-

emata and lavage. If due to general peritonitis many segments of the intestine are involved through infiltration of the muscular coat by septic inflammation. Intestinal paresis rapidly follows. *Treatment.* The abdomen is opened and adhesions are separated. The process is usually so extensive, however, that in most cases treatment will prove unavailing. Occasionally multiple enterotomies with emptying of the various distended loops, and the establishment or an artificial anus will be of value.

Post-operative Obstruction Occurring Weeks, or Months, or Even Years After the Operation. The same causative factors are responsible as in the cases just considered, but it is not until time has tightened the adhesions, or further kinked the bowel, or until some indiscretion of diet has produced sudden distention of the bowel above the site of the adhesions, that the symptoms develop. *Treatment.* Immediate laparotomy.

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TEETH AND DISEASE.*

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The general practitioner stands in relation to dentistry, much as he stands in relation to the other special branches: that is to say, first, he is called upon to care for certain conditions pertaining to the teeth in the course of other diseases, when frequently the services of a specialist are precluded by circumstances incident to the disease; second, he must recognize the effects of general disease on the teeth, and perhaps, be aided in his diagnosis by these effects; third, it is highly important for him to recognize the etiologic role of certain tooth conditions in the production of disease and symptom-pictures; finally, he must be able to collaborate with the specialist when necessary and, sometimes, without offence to ethical usages, must see to it that the condition receives at the hands of the specialist that treatment which is dictated by the principles of modern surgery.

In the course of many types of exhausting or febrile conditions occurring in the ordinary routine of practice, there arise foul conditions of the mouth and teeth which have nothing specific about them, but are caused by the following factors: the inability of the patient to care for the teeth in the ordinary way; the lessened secretion incident to fever, sometimes augmented by the effect of medication, the lack of the mechanical cleansing effect of the mastication of solid food, the mouth breathing occurring so frequently in asthenic patients, and the lack of resistance in the sick individual. These conditions add greatly to the patient's discomfort, and may be an additional handicap in the fight he is making against his disease. Too often are they overlooked by the physicians and the attendants. Not much can be done for them except the use of peroxide, alkaline antiseptic solutions, albolene, etc., and the mechanical removal of detritis from the edges of the gums and from between the teeth, by means of small cotton swabs, dental silk and orange-wood sticks, but the routine institution and frequent carrying out of these simple measures would obviate much distress otherwise imposed on our patients. I am afraid it is too common for many of us—myself included—who would not be guilty of neglecting to keep the colonic end of the digestive tube clean, to overlook entirely the equally important oral end.

We will not spend time considering the characteristic effects of definite diseased conditions on the teeth, for the delayed dentition of rickets, the notched incisors of syphilis, the dental manifestations of poisoning by mercury, lead, phosphorus, etc., are too well instilled in the student mind and too common in the experience of the practitioner to need emphasis here.

But we well may emphasize certain phases of oral pathology which are of greater or less etiologic importance in other conditions. First of these is the result of the eruption of the teeth. The list of baby troubles due to this factor is quite long, fairly definite and well recognized. It includes infiltration and congestion of the gums, with pain, fever, nervous irritability and sometimes convulsions, gastro-intestinal symptoms—loss of appetite, vomiting and diarrhoea—may be prominent. (Holt) In the adult also very distressing symptoms may arise due to the eruption of the wisdom teeth or to irritation traceable to the vicious placing of these troublesome molars. The symptom-picture when well marked is quite characteristic, even in the absence of infection. It consists of severe neuralgia referred to one or both jaws,

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particularly to the bicuspids, extending upward toward the ear, and a spasm of the muscles of mastication of so severe degree as to sometimes require anaesthesia to produce enough relaxation to permit the extraction of the offending tooth.

Finally, we may consider the most important group of dental pathological states, namely, those due to and associated with infections in and around the teeth. In children, the deciduous teeth are frequently neglected by parents, physicians, and even by dentists as not worthy of care, yet carious conditions at even an early age may be the cause of cervical adenitis, stomatitis, purulent inflammations of gums, cervical cellular tissues, nasal cavities and maxillary antra, with necrosis of contiguous bony parts and the formation of sinuses into the mouth or through the skin (Holt.) More frequently than these extreme conditions, however, we encounter cases characterized by capricious appetite and occasional attacks of fever and indefinite gastro-intestinal symptoms, many of which I believe depend on the persistent low-grade toxemia and direct infection of the lower digestive tract from suppurating foci in and about the teeth. The same considerations apply in the adult. Some investigators believe that the teeming bacteria from dental caries is an important factor in the etiology of gastric ulcer, a condition so serious in its immediate and remote results. This is difficult to prove, but it is not hard to conceive that with one or several foci of suppuration in the mouth, so that the patient, as has been graphically expressed, is continually "drinking pus," the digestive tract, and the forces of resistance of the entire organism must be working under a handicap which will frequently be expressed by clinical evidence if one be on the outlook for them. Too long has the cart been put before the horse; the dentist who proclaims that infective mouth conditions depend on a "disordered stomach" must re-learn his pathology, and the collaborating physician, in the interest of his patient must insist that the gateway of the digestive tract be clean before he assumes the responsibilty for the condition of the rest of it.

Patients will frequently consult the physician for the treatment of so-called "ulcerated tooth"—that is, abscess about the apex of the tooth due to descending infection through an unprotected root-canal. The condition is one essentially belonging to the dental surgeon, yet there apparently exists a wide discrepancy of opinion among dentists as to the treatment of this condition. Every canon of modern surgery would indicate the removal of the tooth at the earliest possible moment unless adequate drainage could be otherwise instituted, yet patients are frequently condemned to suffer and run the risk of spreading infection until forsooth, the "abscess goes down," that is, ruptures spontaneously, before the dead tooth—a foreign body—is extracted. To justify this course by citing the occasional occurrence of severe spreading cellulitis following extractions under such circumstances, is about equivalent to withholding operative aid from the woman in difficult labor because puerperal sepsis sometimes occurs—for the rub of the matter is found in one case as in the other—in some flaw of technic.

It is deplorable also that there should be widely prevalent among the laity an archaic belief that no dental procedure, of no matter how urgent a nature, should be undertaken in the pregnant woman; it is worse than deplorable that such a belief should be shared by a few physicians and dentists. While there was undoubtedly some foundation for it in the days of the jaw-breaking turnkey, and while the presence of special predispositions to abortion or other individual considerations may necessitate extreme caution, surely the slight risk incident to the employment of modern antiseptic and analgesic dental measures is not to be considered besides the deletrious effects of long continued suffering, sleepless nights and toxic absorption, on the pregnant woman.

Of the many specific conditions which belong exclusively in the realm of the dentist and of those which lap over the borderline between general surgery and dentistry I will not speak. And if I have seemed to rap the dentists ungenerously, it is to be remembered that every one of my implied criticisms has been instigated by definite cases which have arisen again and again in my own work; they indicate no quarrel between general medicine and the science of dentistry, but that those to whom they justly apply, fail to exemplify the high attainments of their own profession.

Finally, I hope that I may have indicated the desirability of two things: a closer, more helpful co-operation between physician and dentist, and the inclusion of the condition and care of the teeth in every physical examination and every scheme of treatment.

See Discussion on next page.

DISCUSSION.

W. J. WEBSTER, D. D. S., opened the discussion, and emphasized the need of co-operation between dentists and physicians. He thought that things were not as of old, and that the dentists of to-day knew something of anatomy, physiology and pathology. He pointed out the necessity of physicians investigating the mouth, instead of leaving it out of consideration altogether, which was frequently done by the general practitioner in his examination. He advocated the great necessity for taking care of the deciduous teeth if we are to expect the permanent ones to be healthy, and called attention to the fact that germs in the mouth of a child two or three months old were just as numerous as in the oral cavity of an adult, and that many emphatic trouble makers such as the tubercle baccilus and pneumococcus are harboured in cavities of the teeth, and are only awaiting their chance to make a systemic invasion—often with dire results. He had seen cases of "stomach trouble" that he knew to be caused by decayed oozing pus which, in the act of eating or drinking, was consumed by the patient in large quantities. To show the far-reaching results of pus absorption, he related a case of pneumonia where the lungs had cleared up, but temperature persisted, and recovery took place on the removal of pus pockets in the mouth. He felt that doctors sometimes prevented patients from visiting dentists on a pretext of weakness, and that pregnant women were likewise admonished never to go to the dentist while in that condition; this was sad, as decay progressed rapidly in this condition, and instead of being "for every child a tooth," sometimes the whole mouth was allowed to become hopelessly involved, and that under the present methods for alleviation of pain there was no reason why this state of affairs should be allowed and unrelieved. He wished that instead of instructing the dentist in an imperative manner that the teeth must be extracted, that he physician would first confer with the dentist as in any other specialty, and much good would result from a better relationship of this type. Dr. Webster then spoke of the differentiation of antral disease from neuralgia and other allied conditions, and cited other cases to show the importance of co-operative work by the physician and the dentist.

G. H. Grim, D.D.S., contnuing the discussion spoke on the malformations of the mouth as being the cause of divers diseases in many cases, and showed how distinct manifestations had their origin in these conditions. He emphasized the necessity for the correction of the various deformities, and showed the bad results on the upper air passages from palate defects, and that far reaching systemic disturbances might be produced thereby.

Dr. William Freile spoke on the mycology of the mouth.

Dr. Miner stated that 90 per cent. of the children in schools in Lafayette needed a dentist's attention.

Dr. Edward L. Bull spoke of the results of high arch, deviated septum, irregular teeth, mouth breathing, facial expression, etc., and praised the results which the practice of orthodontia was achieving.

Dr. Henry H. Brinkerhoff, chief health inspector public schools, decried the fact that there are no dental clinics in Jersey City, and that he believed there is a law on the statute book which allows an organization of dentists, and it was unfortunate that no support for this project could be had from the Board of Education. He proposed having some of the members in Jersey City deliver talks on the hygiene of the teeth, etc., and in that way endeavor to exert some influence for good in that direction.

The discussion was continued by Doctors Rosenkranz, Dickinson, Gray, Swiney, Koppel, and was closed by the essayist.

THE VALUE OF SALVARSAN IN SYPHILIS.*

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Much has been said both pro and con on the value of Salvarsan in Syphilis, ever since Ehrlich's first mention of the preparation was heralded throughout the world as the final solution of the problem of curing Syphilis—the "therapia magna sterilisans."

A great deal more remains still to be said, but not until our experience and knowledge of the subject becomes better understood and more established. We are still feeling our way and all are striving to find what general plan of treatment can be adopted and then adapted to our individual cases of syphilitic infection.

Whatever may be said against 606 as to difficulties and dangers in administration, it can safely be asserted that it is the most valuable therapeutic addition of the age. Ultimately as in everything else in medicine and other fields, we will after perfecting our preparation,—be it Salvarsan, Neo-Salvarsan or any other improvement of these—learn when and how to apply it in any given case with safety and complete efficacy—whether alone—with mercury or otherwise.

We are at present at a stage where different authorities are following their own individual methods, with more or less success. This accounts for a great deal of confusion in the mind of the general practitioner who wishes to apply the most modern and most successful methods of treatment, and often causes an ultra-conservative feeling that results in an aversion to new methods whatever their merit may be. Our patients with syphilis are therefore in many cases still handled in the routine fashion with mercury and iodides alone.

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*Read before the Hudson County Medical Society, November 6, 1912.

It is not the purpose of this paper to detract one bit from the time-honored and deserving value of these drugs, but rather to point out from personal experience and the observations of a few others, the valuable aid we have in Salvarsan, and especially the instances where its efficacy supercedes that of mercury and iodides.

I would suggest that we think of Salvarsan, mercury and the iodides,—at present at least, as the new mixed treatment. The general experience distinctly indicates that in justice to these patients, we need all three, for by their proper administration we are undoubtedly able to shorten the period of total necessary treatment and spare the patient many syphilitic sequelae, resulting from a longer harboring of active spirochetae than is necessary.

Here lies the true value of 606 as will be best illustrated in the treatment of the early cases. The drug has not lost its value because it does not fulfil Ehrlich's original intention.

In private cases we are usually handicapped by not being able to follow up our patients clinically, or much more so serologically to guide us as to our results.

Our deductions and conclusions must therefore be taken for what they are worth. We are able though in a good many cases to see results that cannot be disregarded, and from even a limited personal experience in cases hard to control, I wish to cite some examples demonstrating the value of Salvarsan.

Most authorities agree that we are able to abort the disease by giving Salvarsan before the secondary manifestations, and that we need not wait for the latter before beginning treatment, provided we fortify ourselves with positive proof of a correct diagnosis. This is now merely a matter of finding spirochetae pallida in the initial lesion, or obtaining a positive serum reaction. The results are far better when treatment is begun before the serum changes take place.

The use then of Salvarsan early—that is before the appearance of the secondaries—is distinctly prophylactic. It prevents more quickly and more effectively than any other remedy we have yet, the spreading of the infection throughout the system. Fordyce reports early cases yielding 1-3 injections. Swift and Ellis of the Rockefeller hospital report that in 50 per cent. to 60 per cent. of cases of primary syphilis appropriate treatment will limit the infection to the original site.

Each week increases the danger of a general distribution of the spirochetae. Most attempts to abort the disease with mercury failed: a few cases were successful before the appearance of a positive Wassermann, but once the latter became positive, mercury failed to abort the disease.

Their conclusions were such that each week's delay in instituting treatment in the primary stage adds about a month or more to the necessary amount of intensive treatment. They have therefore adopted as reliable a rule of giving 4-5 intravenous injections of 0.3-0.5 gm. at intervals of five to seven days combined with or followed by a course of insoluble mercury intramuscularly. I will cite one case of my series met with this summer.

Case 1. Young man H. V., aged 26, presenting himself with a hard dry papule first noticed about a week before. There were no other lesions and no symptoms. A Wassermann was advised and obtained, at once proving positive. This was followed by 0.6 gm. 606 intravenously in a few days (July 6, 1912.) Patient kept under observation without further developments.

As to those cases still early but not such as we can attempt to abort, I should like to quote from Post's recent article in the J. A. M. A. where he says: "In the cases with marked mucous membrane lesions in the secondary stage we see much more rapid effect from 606 than we ever did from mercury alone, although the eruption on the skin does seem to lag behind." In fact I had the interesting experience of seeing a pale roseola break out in the case reported above and last about 36 hours. I regarded it merely as a Herxheimer reaction.

Just as soon as practical—that is in from three or four days to a week, we should begin with mercury in some form or other, preferably by injection or inaction.

These are the cases where individual study is necessary as the infection is now more or less wide-spread and the intensity of treatment will be in direct ratio to the former. McDonagh has found that if all stages be considered it takes from three to seven injections to cure most cases. No rules can be formulated as to number and frequency of 606 injections, although a safe method that I follow in some cases is this: After the first injection of 606 begin with mercury in a few days, and continue for 12 weeks: one injection of the salicylate weekly. Following this if there are no clinical signs the blood can be examined and subsequent treatment governed by the results.

One negative Wasserman should be fol-

lowed by a suitable period of freedom from treatment, when another examination may be made, and if still negative it is well to make a provocative injection of 606 if possible, after which, if still negative, a lutein test ought to be negative before any conclusions can be drawn. Fordyce insists on serological observations for a year after the first Wassermann negative. Although 606 has its very decided effects upon the spirochetae at any stage if accessible, it is in the tertiary ulcerative and gummatous conditions that we see some of its most wonderful results.

The following three cases are worthy of mention in illustrating lesions that had resisted mercury and iodides for years. I am indebted to Dr. John Lautmann for the histories of two of these cases.

Case 2—Mr. B. tailor, about 40 years old —initial lesion at 21.

Had very little treatment until the appearance of two hard nodules on buttocks, that ulcerated and refused to heal in spite of long continued mixed treatment. Had to stand at his work as a tailor, sitting was very painful and discharge profuse. Five days after one intravenous of 0.6 of 606 ulcers were dry and in eight days all healed. In spite of the patient's neglect of further treatment, these are still healed now after the elapse of one year.

Case 3—Mr. B., aged 43—similar history excepting the ulcerations were on both lower limbs about the knees. Wassermann positive. 606 followed by complete healing in 10 days. In another form of tertiary lues where we do not usually get any perceptible relief from mercury in any form with or without K. I. I had the opportunity of noticing a result most gratifying to the patient as well as myself.

Case 4—Mr. A—a veteran of the Spanish-American war, during which he contracted lues. Had usual secondaries. Treated by army physician for some time, and irregularly after his discharge from the army. Took iodides for several years. Five years previously developed ulcers in mouth and on tongue: the former healed but the tongue remained more or less sore. The tongue presented a typical and well marked leukoplacia. In 48 hours there was a very remarkable difference in the sensation of the tongue to the patient, corroborated by the physical appearance of the organ which now had a clean pink color of an almost normal tongue. The large fissures remained but they had a different appearance: the pearly white leukoplacial areas were all gone excepting at the tip. The patient stated that for the first time in five years he could taste hot or cold spiced food without pain. To use his own words he felt as if he "lost his tongue." As might be expetced this blood stayed positive. He received another injection, but has since been lost sight of for further observation.

Salvarsan is not a panaeca for all stages of syphilis, and there are a number of late cases that cannot be controlled by any treatment. In considering these late cases a negative Wassermann is no bar to the use of 606, as this may be due to the spirochetae being too few to produce Wassermann developing substances. A small dose of 606 acting as a provocative agent may reveal a doubtful case by developing a positive Wassermann. This will not happen where there has been no luetic infection.

When we reflect what we are dealing with in treating so important a disease as Syphilis—a "plague," that is at once so common and so serious to the individual and society—any addition to our therapy that will help lessen the immediate and remote effects ever so slightly, becomes at once a valuable contribution.

From our experience thus far we have enough evidence to say that when properly used—and by that I mean selection of cases as well as technique—we have a very valuable aid in our treatment. Much of the criticism if not all is due to the indiscriminate use of the drug under conditions that are recognized as contraindications, and in faulty techniuqe. These errors have caused most of the accidents.

Some cases such as those with cerebral involment are best preceded by mercury and iodides before being subjected to 606, to prevent serious mental reactions, following a sudden stirring up of meningeal infiltrations with 606. Old age, advanced cardiac and nehpritic as well as certain acute ocular lesions are not suited to Salvarsan.

As to technique, the intravenous method is now practically universal. There is nothing in favor of any other method. It has been given by mouth by Kollman and Schamberg (Journal of Experimental Medicine, 1912, XV. 498) to cats, rabbits and dogs with no other effects even in toxic doses than a mild intestinal antiseptic effect. In man doses of 0.1-0.6 gm. in seven cases only gave a mild therapeutic effect. Subcutaneously the drug is violently irritating. Given intramuscularly, it is very painful, apt to become encapsulated, and become only partly absorbed. This method

very unsatisfactory, and when one has en one of these cases that has suffered ng continued pain, suppuration and tedi- s healing, one does not care to repeat the k.

The intravenous method can be made actically painless, and free from all local quelae, with at most only a slight tran- ent reaction.

Fordyce protests, very properly, I think, on the indiscriminate cutting down upon ins. In the great majority of cases, mak- g it very difficult to give subsequent injec- ons. It also marks these people for life, d to the trained observer, indicates the ature of the treatment they received."

With a suitable needle one can enter the verage distended vein at the bend of the bow, and with care retain the needle in the men while the solutions enter by gravity.

When there has been no infiltration of the urrounding tissue there is absolutely no fter pain. In a few hours there may or ay not be a slight chill with attendant ymptoms. I have never observed any oth- r symptoms. Fordyce has given 1000 in- ections with only one serious result. The atient is advised to rest 24 hours, and is ble usually the following day to resume is usual duties.

The method may be held out by many s objectionable because the necessary de- ails make of each injection a procedure hat many patients cannot afford. This is ot an objection against 606, but rather gainst our hospital methods and systems. For those that cannot afford the treatment, suitable municipal provision should be made. We should recognize the disease as Theodore Roosevelt says, "As an infectious disease which should be admitted for treat- ment in our hospitals."

As it is, we are very inconsistent in our ways—we refuse admission to cases of known syphilis, but forget that many pa- tients admitted for other conditions are much more dangerous syphilitics than would be those known to be so and properly cared for. With Salvarsan treatment we could admit early and contagious cases to suitable wards, shorten their period of con- tagiousness, and offer then the quickest method of beginning a cure.

We have only to compare our treatment of syphilis in all its stages with that of tuberculosis to appreciate how much more can be done in so much less time with the aid of Salvarsan.

In conclusion I would say that the value of Salvarsan today depends upon:

1: More rapid destruction of accessible spirochetae in all stages of syphilis.

2: Its special efficacy in certain tertiary lesions, especially of the ulcerated type and malignant forms that have resisted the usual mixed treatment.

3: And I might add for diagnosis in suspected cases, with negative serum reaction, as a provocative agent.

THE TOPICAL USE OF COD LIVER OIL IN FEEDING MARASMATIC INFANTS.*

By THOMAS N. GRAY, M.D.,
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A leaf from experience is, I take it, of more value than would be a scholarly and finished essay, the resume of a search of literature, because experience is derived from a study of the causes of mistakes and failures; the lesson learned keeping us from repeating the mistake, or leading to success, where before was failure. So, tonight, I wish to talk for a short while, of three classes of infants, in whom the chances of living are small, and in whom the mortality stays high under the most scientific and carefully adjusted feeding; and of the topical use of cod liver oil in feeding them.

These are, first, the permature infant, say around seven to eight months, born with undeveloped digestive and assimilative functions—naval marasmus. Second the full term infant who, through pre-natal influence, has negligible digestive and assimilative functions — congenital marasmus. Third, the full term normal infant, who, through ill advised and incompetent attempts at artificial feeding, comes to the condition of negligible digestive and assimilative functions—an acquired marasmus.

The three present the same appearance to the eye, and you have all seen them; babies it is true, but with the face of an old man or woman, and with an emaciated body and dry, wrinkled skin. In ultimate patholgoical functional condition they are alike; an almost complete in some, a complete in others, lack of digestive power, and a complete lack, in all of assimilative power.

In discussing infant feeding, we are prone to confine ourselves to the food and its digestibility, and to the infant's power to digest, and to neglect the part a failure to assimilate may play, in the difficult feed-

*An address delivered at a meeting of the Bergen County Medical Society.

ing case. In the class of cases under discussion, lack of assimilation enters largely, for it is not uncommon to find in some, especially in those with acquired marasmus, fairly digested stools. In all, however, whether much, little, or no digestion, after a shorter or longer stay in the duodenum, the food is hurried, by a rapid peristaltic action through the intestines. It is on the basis of lack of assimilative power as the largest factor, that the treatment to be discussed has been used, and the results have been so highly satisfactory, in strong contrast to the failures experienced under attempts to nourish by mouth, that a fair inference is, that the assumption is correct.

A study of these cases shows an absence of fat, both stored and in use; an absence of water in the tissues, and a sub-normal temperature. Now, we know that heat is as necessary for the proper functioning of the nourishing organs, as it is for the carrying on of building up and repair of tissue; and that sufficient water in vessels and tissues is needed for the whole metabolic process. It is a logical conclusion, that the lack of functionating power is due to lack of heat, and that heat and water, in abundance must be supplied before digestive and assimilative organs can be brought to do their work. We know that fat is a large producer of heat. The problem then, is to get the largest possible amount of fat, in the shortest possible time into the child, and in a way in which it can be utilized. The effort to do this by mouth not only spells failure, but as well, irritates organs incapable of doing their work, and which need rest as well as heat, that they may, in the one instance recover functionating power and in the others acquire it.

Twenty-five years ago, when the treatment advocated was begun, practically nothing was known of the chemistry of cod liver oil; but, certain clinical facts, emperically discovered, were established. One, that children below par, as the result of a severe or prolonged illness, or because of errors in digestion, who could not be built up by the most carefully adjusted diet, would come up rapidly with the addition of small doses of the oil to the diet; another, that if the digestion had been at fault, this would improve in a marked degree; another, that infants who could not digest the smallest amount of fat in the modification, would utilize small doses of this fat. So this oil was chosen for the attempt to save these babies. At this time but little more is known of the chemistr of the oil; that it contains a little iodine some bile salts, and that oleine is the prom inent element in its fat content, is about all But a very significant physical property which property explains the emperically dis covered facts spoken of, is known; that the circulation will take up and utilize the fat globules of this oil, without a previous splitting into fatty acids. This fact also explains the utilization of a fat which is so largely oleine.

The food being chosen, the route by which the largest amount in the shortest time was to be determined on. The skin was chosen, because known to have an absorptive as well as an eliminating property. Our forefathers used it for the introduction of oil by rubbing it in; also I had for some time been using the skin successfully for the administration of drugs to infants. No originality is claimed for the use of the oil topically, but I have never been able to find in literature, nor in conversation with physicians, any instance of its being used in the way to be detailed, nor of its being relied on entirely in the treatment of these starved infants.

The treatment: The child is wrapped in oil-soaked flannel extending from the arm pits to the iliac rests. Over this is placed oiled silk. This flannel is removed, and after washing the skin with soap and water, reapplied, at intervals of twelve hours. During this time the skin is constantly bathed in oil, and whatever heat the infant has, is conserved by the oiled silk.

Experiments claim that the absorbing property of the skin is slight. This is true when the effort is made to rub the oil through, but I have found, that with the skin thus constantly bathed in oil and with the surface heat confined by the oiled silk, from 30 per cent. to 50 per cent. of oil, by weight, disappears. This is found by weighing the oil-soaked flannel before applying, and again on removal, together with the oil scraped from the skin with an allowance of 10 per cent. for that which the scraping does not remove. That this disappearance has been by absorption, is proven by results attained.

By mouth nothing but water is given, and this in quantity enough to supply vessels and tissues abundantly, and to aid the kidneys to do the extra work required by the shutting off of so much skin.

What is the sequence of results? First, a rise in temperature, sometimes qiuckly. sometimes slowly. In a longer or shorter

while after the temperature rises, the evidence of increase in fat and water content appear. Then the skin begins to lose its dryness, wrinkles begin to disappear, and the old man or woman's face begins to change. Later, at variable intervals, an increase in weight, often considerable, is noted.

The resumption of feeding by mouth is one of judgment in the individual case, and can only be positively determined by occasional attempts, but no attempt to feed should be made until the temperature has been at normal for a number of days, and the skin shows a considerable increase in fat and water content. The length of time of the application, as hown by my records, has been from one week to two and one-half months. This two and one-half month case is the only one I shall detail. The infant was born at 7½ months and poorly nourished. The mother was in desperate condition, requiring the whole attention, and the baby was wrapped in cotton and put in a warm place. The first attempt to feed, made when it was 12 hours old, showed entire absence of functional ability, within fifteen minutes of digestion, the food was in the diaper. The weight was 4½ pounds. In the ten days following the application of the oil there was a loss in weight of half a pound, the infant keeping only a bright eye and a good pulse, to give any encouragement. The temperature, during this time, remained at 94 in the rectum, making necessary the constant use of artificial heat. The temperature went to normal on the 13th day of treatment, and in the following two weeks the weight went up ¼ pound. From this time on the gain was steady, the weight at two and one-half months being 7½ pounds. Attempts at feeding were made from time to time; the first success coming at eight weeks, when half an ounce of a modification was digested and utilized. The amount was gradually raised, until at the time the oil was dispensed with, one ounce and a half, at three hour intervals, was assimilated. At five months the weight was 13 pounds. This boy is now 7 years old, a sturdy, healthy physique giving no hint of the early struggle for existence.

What have been the end results of the treatment? In twenty-five years, 36 premature infants, 30 saved, 83 per cent. Congenital marasmus, non-syphillitic or tuberculous, 52, 100 per cent. recoveries. Acquired marasmus, 220, 206 recovered, 93 per cent.

The treatment is a dirty, bad smelling one, destructive of clothing, but the mother of the little, old man or woman, on lap or pillow, will forgive the dirt, the smell, the destroyed clothing, when, after a shorter or longer time, she holds in her arm the robust and rollicking baby.

MEDICAL SUPERVISION OF SCHOOLS AS A STATE-WIDE PROPOSITION.*

By Edward A. Ayers, A.M., M.D.,
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Most of our present accurate knowledge in the Sciences of Medicine has been gained within the last sixty years. Its greatest acquisition has not been the discovery of either cures or remedies, but in prevention of disease. Most discoveries of causes of diseases have come hand-in-hand with knowledge of their prevention.

Remedies and cures must always be applied in units to the individual. Prevention generally finds best application by wholesale. The administration of treatments has been, and must continue to be, largely the prerogative of the private practitioner, and of preventive measures that of the medical public officer—the community doctor.

Paternalism in all forms of government is fundamentally objectionable, and must, therefore, first justify itself before obtaining any license. Preventive medicine measures involve paternalism, but all find justification in the potential rule of "the greatest good to the largest number." Around these three words, paternalism, prevention and majority, we will find the arguments revolve bearing upon medical supervision of school children. At present Medical Supervision largely contents itself with treatment recommendations to parents. But we will find its development inevitably leading into decided paternalism in its logacil endeavor to secure the greatest good to the largest number, a conspicuous example of which will appear in the essentially free dental school clinic, and broad-minded diplomacy will be much in demand.

The medical profession has not only never been found ungenerous in its care of the sick, but actually always in the lead in medical charity, in furthering medial paternalism. Financially it has done, is doing, and

*Read at the annual meeting of the New Jersey Sanitary Association, Lakewood, December 8, 1912.

will continue to do what no other class rivals—labored for its own curtailment. It is dynamiting its own bridges for the good of humanity, in preference to dynamiting others' bridges for the good of itself.

Our public school system is the grandest example of justifiable paternalism ever shown, and our people's loyalty to its interests is our strongest evidence of a wholesome citizenship. Until recently the almost sole concern of this great system has been education of the mind. But we have come to see that education of the body is, or should be, as integral a part of the public school system as blood, bones, muscle and all that, are an integral part of all thinking. This granted, it is generally recognized that in medical supervison of the hygienic division of our educational system lies the one best practical method of educating the body along with the mind. We have come to this view with hesitating steps and bated breath, and we are not getting our money's worth.

Hygienic issues, like most other issues, are capable of reduction and demonstration as purely economic problems to business statements—can be squared to the rule of the dollar. Which is to say that a good hygienic proposition should show itself to be a good business proposition.

The annual report of June 30th, 1911, of the public schools of New Jersey shows, in round numbers, that the total valuation of our public school properties was $44,000,000. The total running expense for the year was nearly $13,000,000. The number of pupils registered was 500,000. The number of days of possible attendane of these 500,000 pupils was 71,000,000, yet the number of days of actual absence from school was nearly 9,000,000. Here was a plant with a total investment, including absorbed interest, of over $60,000,000, losing about 12.05 per cent. utility through absences of pupils, which is equal to about $5,000,000 of capacity, of eqiupment, standing idle. Such a per cent. of inert investment would bankrupt most private concerns.

As to the percentage of these 9,000,000 days absences due to sickness, or truancy, or wage earning necessities, we can only form a rough estimate at present. Let us charge 75 per cent. to sickness. This would mean that sickness caused a loss in days of attendance of nearly 7,000,000, or, expressed in cash investment, of $3,750,000. What can medical supervision of the health of our scholars accomplish, and at what cost, in reducing the absences due to sickness?

Quoting from Mr. Leonard P. Ayres, of the Sage Foundation, up to 1911 there were ten States having laws making medical inspection of public schools permissive, and ten making it mandatory. In none of them did the law provide for an organized State system of direction and control. Our New Jersey law simply makes it mandatory for local boards of education to appoint inspectors, and that the latter shall make so many visits, examine pupils for defects, exclude those contagiously ill, keep records, and occasionally lecture to teachers on hygiene. Thus we have a wholly unorganized number of inspectors, largely appointed according to the lowest bid, each depending on his individaul ideas and conscience as to methods and efficiencies, under no unifying or controlling authority, keeping as varied records as there are inspectors, with slight power to get beyond recommendations to parents of defects in pupils, with a majority of these recommendations disregarded, and with so confused a variety of records as to leave the State in ignorance of what is being accomplished, and with no opportunity of getting together and comparing notes for mutual betterment. Surely any good business man wuld laugh at such a hodge-podge of defective organization, and no general would dare take the field with an army not much beyond the enlisted stage of military efficiency. Yet disease is the most difficult foe in all the world to fight successfully.

In practically unanimous recognition of the above ineffective status in our medical inspection work, the New Jersey State Medical Society, at its last annual meeting created a committee composed of Dr. William G. Schauffler, president of the State Board of Education, chairman; Dr. A. Clark Hunt, of the State Board of Health; Dr. Joseph MacDonald, Jr., Dr. George J. Holmes and myself, to take such steps as seemed best to develop highest efficiency in this work. We quickly arrived at the conclusion that the primal necessity is to create a central State control, to create the office of State Supervisor of Medical Inspection of Public Schools. We have prepared a bill for the consideration of the incoming Legislature which calls for the appointment of a State supervisor, with his duties specified to the extent that he shall see that the present laws on medical inspection shall be enforced, and who is authorized, with the approval of the State Board of Education, to make rules and regulations pertaining to such medical inspection; and who shall "hold stated meetings of medical

inspectors of the State, for conference upon ways and means for promoting thorough inspection of schools." The annual cost, including office assistants, will be between ten and twelve thousand dollars.

Now what can such State supervisor accomplish, first in making medical inspection scientifically effective, and second, in reducing the present tremendous financial waste due to sickness absences? To a large extent he must be a pioneer in formulating a detailed systematized set of rules and regulations for the unification, direction and government of inspectors and nurses—for no present model exists. He can bring the wisdom of our best inspectors to a focus, and apply it for the good of all. He can establish standards of attainment that will prevent the appointment of incapable inspectors and nurses; and make rules that will sustain efficiency and conscientious attention by inspectors and nurses—make efficiency necessary to retention of position; he can establish a uniform system of records so that the entire work throughout the State can be tabulated and our citizens learn just what is being accomplished. He can meet, instruct, and enthuse all connected with the work throughout the State. He can give his best intelligence toward solution of the many difficult problems involved, such as securing a greatly needed improvement in care of the teeth, keeping a watchful eye upon whatever methods of others are proving good or bad.

He can bring the best inspection methods of the best inspectors within the grasp of the least capable inspectors, secure good automatism in the absence of individual ability. He can so increase the efficiency of medical supervision and health-aid as to save many hundreds of thousands of dollars of our present three and a half million dollars of investment waste; and go far in helping inspectors and nurses in lessening epidemics, saving lives, improving health, enhancing normal growth aiding teachers in the instruction of those who are abnormal. He can, if he has it in him, make New Jersey the model State in all that pertains to the education of the body as part and parcel of education of the mind.

There are now a number of inspectors in our State of sterling worth and ability, who are doing splendid work under rules that are productive of efficiency and the product of their own experiences; but under present conditions it might take a hundred years for the leaven of their superiority to ferment in the brains of the less capable. The life-blood of inspectorship should, like the life-blood of the body, bring every unit portion of the system in touch with the head-stream of vitality.

Our committee asks for your support and co-operation in securing the enactment of the bill it has prepared.

Inspection in rural districts is now largely perfunctory, as is natural in an occupational side-issue; and it presents different and more difficult problems than urban inspection. The nearer we can make inspection the sole work of the physician inspectors, and the further we can secure obedience to recommendations by parents, the nearer we will approach effective results. Another effective step will be the more thorough educational grounding of teachers in the essentials of school hygiene; especially in rural districts. The physiolgy taught needs more practical readjustment—less of the academic and more of helpful self-care hygiene. It is rather absurd, is it not, to expect a pupil to explain that exchange of gases in the lung vesicles is accomplished by an intricate process of enzyme fermentation, and perhaps omit instruction in the tri-daily use of a tooth-brush as an aid to long life.

The economic emphasis of the times is laid upon curtailment of waste and enhancement of efficiency. Our greatest manufacturing concerns have gained more strength through refinement of method, use of by-products and applied efficiencies, than by monopoly and tariff. Our greatest national asset is not our mines, nor farms, nor manufactures, nor capital—but human labor. One human heart in one year applies the horse-power equivalent of lifting over 65,000,000 pounds one foot. The greatest waste to-day in the divisional assets of the world is in its leading asset—human labor; and yet, it has received less in applied economy and enhanced efficiency than any other division.

As the twig is bent the tree's inclined, and no better opportunity for applied efficiencies with the human machine is presented than in the wholesale supervision of the growth and health of our school children. Under highest efficiency in this work in all its phases, which will include the combined and co-ordinate assistance of specially trained doctors, nurses and teachers, and hygienically educated pupils and parents, we will secure quicker and surer control of epidemics, recognize defects which lead to preventable disease and get those defects corrected early, generate more physical and

mental energy, better adjust rules of instruction to physiologic laws of acquisition, better classify pupils in learning capacity reduce home cost of sickness, get fuller returns from our school investments at much less expense, and save many lives that will keep adding to the profits of the State and individual through all their added years.

Instead of having our schools distributing depots of disease, let us make them bulletin centers of prevention. Instead of having them public examples of wasteful human farming, let us make them exhibition models of human animal cultivation. Instead of continuing a health waste of several million dollars of unused investment, let us expend a few thousand dollars to keep the great plant busy. Instead of dragging our educational craft over the shoals and around the winding channels of archaic Nature's life-stream, let us take full advantage of medicine's engineering ability to straighten the course and deepen the channel. Fertilization of seeded acres is of more importance than seeding of additional acres. Living children kept well are more desirable than extra births to offset needless deaths.

THE FUNCTION OF MEDICAL INSPECTION IN CHECKING RETARDATION.*

By GEORGE J. HOLMES, M. D.,
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Before taking up seriously the discussion of the subject assigned to me, it would be well to explain what I refer to when I use the word retardation. Retardation is described as—the act of retarding or making slower. Dr. E. D. Cope, in his "Origin of the Fittest," says: "If the embryonic type were the offspring, then its failure to attain to the condition of the parent is due to the supervention of a slower rate of growth, to this phenomenon the term retardation is applied."

There is, however, a distinct difference between retardation and feeble-mindedness. This may be the trouble with too many of us, and, important as the subject of feeble-mindedness is, it should not be permitted to obscure and overshadow other forms of retardation. I know that I am very apt to be influenced by the medical point of view, being a physician. But I would urge that this difference be given its full share of consideration in the study and care of the deficients.

For the sake of discussion I have divided retardation into two main divisions: First, that one due to causes that can be corrected and removed. This group includes that which is due to illness, from whatever cause; to physical defects, whether it be defective vision, hearing, anaemia, mal-nutrition or any other cause.

The second main division consists of those cases where the condition is such that there is no hope of correction, in which the prognosis is bad and from which condition we cannot expect to raise those coming under this group to a normal standard. In this latter group I include all forms of the feeble-minded, whether high, medium or low in type, or whether classified in any other manner. I include feeble-mindedness due to accident in utero, to accidents during birth, or to a severe pathological lesion in the brain, occuring as a result of disease, such as meningitis, etc.

The number of cases in public school pupils that should interest the school authorities and educators is that portion who are backward from some remedial cause, for it is here only that we can hope to alleviate and bring about an improved condition, and it is with these individuals that we should concern ourselves most in the schools, and for these only will we be warranted in spending the public money. I refer here to the indivduals who are not feeble-minded, but who are sub-normal physically, and who are afflicted with defects, endowed with herditary predispositions and defective organisms, housed, fed and cared for in an improper manner, conducive to malformation, disease, and the formations of defects that bring about retardation. It is this form, due often to remedial causes and to preventable diseases and defects, that concerns the department of medical inspection. No branch of the school system is better eqiupped to prevent the same than the department which employs the trained physician and nurse.

It is the duty of the school physician to be well acquainted with the condition of all pupils under his charge, so that he will know and recognize the early signs of malformation or development, the stigma of degeneration, and the first signs of disease. Too little attention is paid to the incipient stages of many nervous disorders, such as

*Read before the Third Annual Conference of the National Association for the study of the Exceptional Child, New York City, Nov. 1, 1912.

chorea, epilepsy, neurasthenia, habit spasms, all of these if discovered and afforded proper treatment at once would prevent the actual breakdown from and the development of disease. In these cases the work of the school nurse, particularly that which is carried on in the home, is of inestimable value and especially so in gathering facts and information about such children and their inheritances, all of which is exceedingly valuable information and should be made use of in determining what, if anything, can be done for and with these pupils. There are many scholars housed in our schools, compelled to fit into a system, which the average pupil finds it sufficiently difficult to get along with, but who, though not feeble-minded, but having inherited a nervous predisposition which renders them susceptible, under the adverse conditions in which they live—as for instance where they are improperly housed, fed and are under too great mental pressure, and they break down, develop the various psychoses known to the medical profession, after their full development, resulting in extended absences from school and then retardation, or else in reduced efficiency, and for which they are compelled to remain in school.

There are numerous ways in which the department of medical inspection is daily preventing these things, and are also removing the cause of them, for instance, through our physical examination of pupils, errors of vision, defects of hearing, nose, throat and diseases of the same organs, general diseases and conditions are being detected and corrected, through the nurse or the physician, so that the child may soon return to school, enabled to go on with the studies promptly. Open air classes for the anemic, frail, convalescing children, or for tubercular children, are a direct preventive of retardation, for, if it were not for these clases these small pupils, in many instances, would be excluded from school, or they would be kept home because of illness, while if allowed to remain in the regular classes these pupils, because of ill health and defects make up quite a large proportion of the retarded.

Lectures and demonstrations conducted by school physicians and nurses with the aid of portable exhibits and the demonstration through these exhibits and by word of mouth of the need of personal and home hygiene, cleanliness, etc., are very potent factors. In short, any movement to enlighten the public or the public school children. and their parents, as to the necessity and the methods of preventing disease, malformation and degeneration of the human body, is good work. This is particularly so in the growing child, who, it must be born in mind, is in a plastic stage, when not only the brain, but the muscles, the bones and all parts of the body may be moulded in a right or wrong manner, depending on the intelligence of those in whose care they are placed. It should not be forgotten that physical instruction and gymnastics, play an important part in preventing retardation and I would urge that a greater portion of the public school lectures deal with these problems to improve the health and the development of the child.

Another movement which deserves mention and which, to my mind is doing much in our city to prevent retardation is the "Infants' Consultation Station" which is located in one of the public school buildings. It is in charge of a physician and a trained nurse, and is open between the hours of eleven and twelve for three days a week, and to which parents bring their infants, who are not yet of school age, for consultation with both the physician and nurse. This affords a great opportunity for the instruction of the mother as to the management of the feeding, clothing and general care of the infants, ranging as they do from one month to five years of age, and is one which, in my opinion, is doing much to promote better health in the community, and preventing malformation due to improper feeding, clothing and housing, and which will undoubtedly result in reducing the infant mortality, as well as building up the constitutions of those who survive, so that when they grow to the proper age, they will be more fit to enter a school and less apt to be retarded, and all of this because of their better physical and mental condition.

It is this first group that concerns the medical inspector and the one in which great progress can be, and is being made daily.

Now let us consider this second main division mentioned above, namely, that division consisting of those cases in which there is no hope of correction. In the case of the feeble minded child, what matters it to be the pedagogue whether an individual afflicted with feeble-mindedness is one grade or another, is a moron, an imbecile or idiot? For the pedagogue it is sufficient to know absolutely and surely that the individual is feeble minded. We are too apt to forget that once a child is of this kind that she or he

will always be so, that the blight in the organism or cells of the brain in the case of the feeble minded occurred before, during, or shortly after birth, and that the backwardness of the individual is permanent, the degree only depending on the lack of formation and development of the affected part of the brain or the amount of brain tissue destroyed by diseases. Too much, therefore, cannot be expected in the education of the feeble minded child.

Teachers, in their enthusiasm and zeal, are too apt to feel hopeful that they may accomplish wonders with such pupils, whereas it is absolutely impossible to educate that particular part of the brain which has been destroyed or has failed to exist or to develop. The best that can be hoped for is that those portions of the brain not afflicted or wanting can be developed to the point of highest efficiency and possibly to the point that some other center may take upon itself some portion, at least, of the duty usually allotted to the center or centers destroyed, or to those which have failed to develop. If this be the case, will you tell me by what right we group together in the classrooms of our public schools such individuals and how can we ever hope for good results with these cases? Will you tell me whether it is economy for a city, county or State government to so provide for these children? Should not the State maintain institutions or villages to which these feeble minded individuals can be sent and where they can live happy, healthy lives in the open air, and not be forever a menace to society?

By our present plan of segregating these feeble minded pupils in classrooms in our public schools we are, it is true, relieving the regular classes and teachers of a source of annoyance and we are making life easier for those pupils and possibly improving them in a small way, but we are not removing the taunts, jeers and tantilizations forced on these children by the so-called normal children; and we are not removing the temptations of the world, namely drink, cigarette smoking, tea, coffee; likewise the danger that these unfortunates may become a prey sexually to the normal individuals; in other words, we are simply avoiding our responsibilities, putting off to a later day that which must eventually be done if we ever hope to reduce the number of feeble minded in this world and to provide for those that we have in a kindly and safe manner and in a way that society will not be outraged by their misdeeds.

I would therefore call to your attention this truth, there are thousands of dollars being spent today for the education and care of these feeble minded pupils in our public schools which to my mind is doing little or no permanent good and which is therefore an inexcusable extravagance.

What is it that those who are so enthusiastic in educating feeble minded pupils expect to attain? Do they ever hope to make them normal? Are they in a position to be able to assure the public that when they leave their hands that they will not commit murder, arson, rape, theft and some petty offences against society? Or, are they in a position to say or assure the public that these blighted organisms, if they are not kept under favorable surroundings, will be able to keep within bonds? We not only cannot do this, but we can be sure when subjected to privations and the stress of earning a livelihood, the discouragment at the failure on their part to obtain a position that is attained by the normal individual, that they will not only give way and commit crimes against society, but be irresponsible. I feel sure there is no one connected with this work who would give any such guarantee. Why is it then that we hear nothing at the present time about the education and care of the feeble minded adult? Public schools do not seem to be concerning themselves about these individuals, nor do we hear papers at this or any time read about the proper method for caring for feeble minded adults in our schools. It seems to be a well-recognized fact and admitted, that the only proper method for caring for feeble minded adults is in an institution, where they can be housed, watched and helped for the rest of their lives and where they will not be a prey on society. Would it not be better for all the feeble-minded, as long as society must provide for them, to be placed in an institution or village, in their early life, so that they may know nothing different, so that they may learn to love and obey those who have them in charge, so that their abilities and accomplishments, no matter how few or slight, may be developed by skilled workers to the point of the highest efficiency.

I believe that it would be better and that we will accomplish more in this way of providing for the feeble-minded and when we have created enough public sentiment to encourage our city, county or State officials to provide sufficient funds for the maintenance and housing of all the feeble-minded, we will have done well. Were it compulsory that all individuals, as early as

possible in their existence, on being suspected, should submit to an examination by a Commission of Experts, and on having been found feeble-minded, to be assigned by a judge of the court to an institution or village, and were it likewise compulsory to have these same people on being committed to an institution of this character, remain committed unless it is positively demonstrated to the court that a mistake in diagnosis has been made, then, and only then, can we hope to prevent this rapid increase of feeble-mindedness, and we will do a work of benefit to posterity. I want to emphasize the point that that part of retardation due to a permanent, irremedial blight in the organism, either in utero or in early life, to accident or severe disease, should not concern public school authorities in the least. Their interest in such cases, I feel sure, was born of a desire to remove from the regular classes the hopelessly defective, and, not having any other place to which to assign these pupils, they were grouped together, under the instruction of skilled, competent teachers, who deserve great credit for their enthusiasm and their efforts to relieve these unfortunates.

Much time and thought in this present movement has been expended on diagnosing mental retardation, just as in the first few years of medical inspection most of our efforts were centered on discovering physical defects, so most of our efforts have been centered on finding the mentally retarded. We know now that there are hundreds and thousands of physical defects which require correction and which, in many instances, are the cause of retardation, and the problem is not so much to find these defects as it is how to correct them. So in this matter, the problem is not whether we have 2 per cent. or 3 per cent. of our public school children retarded, but what we are to do for those who are deficient, and also to solve the question as to what proportion of these can ever be expected to be brought up to a normal standard.

The problem is a greater one than merely whether the Binet Simon test is an accurate test of the pupils' mental capacity and attainment. It would seem to me, after listening to many papers and discussions on this subject that the value of this test was not the point in question, but the real question is, whether we, who are responsible to society, are doing for and with those unfortunates that which will relieve posterity of this awful burden, one which is growing greater day by day and year by year, and under our very eyes. You hear it said or you read of this or that city having engaged its Binet expert, as if they had performed the last act required of them in the interests of the backward. I wish to warn those who are engaged in this class of work against placing undue reliance on any one test. I am willing to admit that the Binet Simon test is the best means that we have for testing the mental capacity and attainment of a given child, as compared with its chronological age, however, I am satisfied that a great error may be made in not obtaining accurate data, as to the family history and the previous history of the child. In all cases this should be carefully done, for it is only by such an investigation that we will be able to make a positive prognosis and to determine whether a child is educable or is not.

You will pardon me, I feel sure, if I ask you, now, which of these two groups it is most economical for school authorities to concern themselves with, and I think you will agree with me that it is the first group —those from whom there is some hope of return or some hope of benefiting. In the second group there is no hope of progress and I am satisfied there is also an actual waste of time, energy and money.

MEDICAL SUBJECTS OF INTEREST IN THE SOUTH, ESPECIALLY AT HOT SPRINGS AND MOUNTAIN VALLEY SPRINGS, ARKANSAS.

By Charles S. Heritage, M. D.,
Glassboro, N. J.

For this paper see pages 351-2 of the December issue of the Journal.

By mistake Dr. E. E. Beatty was credited as the author of this paper. We apologize for the mistake which was due to the following causes: Reports came from both Tri-County Societies—South Jersey and North Jersey at the same time—and, in the midst of an unusual pressure of work, Dr. Kevitage's paper was put in the North Jersey Society's envelope. As neither the name of the author of the Society to which it was sent appeared in the paper, the mistake was not discovered in time for correction, especially as the two papers—Drs. Beatty's and Heritage's were sent to the printer at different times.

Clinical Reports.

Opening of the Ventricles of the Brain.

Dr. F. Krause, in Archiv fur klin. Chirurgie, Berlin, reports that in four cases he opened up the lateral ventricle and in two the fourth ventricle. All the patients recovered. The first two were children with hemiplegia for which difficult delivery was evidently responsible as unilateral convulsions had followed, gradually yielding to paralysis of the cerebral spastic type followed by Jacksonian epilepsy, and the mind had evidently suffered. At the ages of 7 and 10 Krause turned back a flap in the dura and found a large cyst in each case. After removal of the cyst wall he covered the ventricle with flaps from the dura, and there has been no recurrence of the epilepsy and the children have regained considerable use of their limbs. In the other cases the cyst or tumor was in communication with the fourth ventricle and cerebellum; the patients recovered after its removal although the centers for respiration and pulse had been exposed during the operation. One of these patients was a woman of 30.

Artificial Common Bile Duct.

Dr. R. Brandt, in Deutsche Zeit. fur Cherurg. Leipsic, reports six cases in which Wilms supplies the place of the missing common bile duct with a rubber drain tube. The measure proved very useful and harmless, but the cases teach that the tube must not project far into the lumen of the intestines and that the tube should be wrapped its entire length in omentum to ensure the best results. The gall-bladder was removed in each case. The ultimate outcome to date, after more than a year, is perfect. The tube was expelled through the wound the twelfth day or vomited up later in three cases, but the interval had been long enough for an adequate outlet for the bile to develop and there has been no trouble since. In all the cases the measure undoubtedly saved the lives of the patients who had been gradually succumbing to their bile fistula or sepsis.

So-called Precocious Menstruation With Occurence of Milk in Infant's Breast; Case With Hereditary Features.

Reported by Dr. J. L. Vallely, Gatun Hospital, Canal Zone, in A. M. A. Tour.

Mrs. V. M. C., an American woman, aged 28, was delivered of a female child on May 30, 1912, at Gatun, Canal Zone. On June 1 there occurred a vaginal discharge of apparently almost pure blood from the infant, which lasted three days and caused no symptoms. When the child was eight days old her breasts were engorged, especially around the nipples, and a whitish fluid exuded, which, under the microscope, showed large numbers of fat globules. This fluid the mother though necessary to squeeze out every day as the breasts filled up rapidly. The child has no abnormal temperature.

The mother states that all her female children, three in number, had the bloody vaginal discharge, which commenced about the third day after birth and lasted three days, when it disappeared without other symptoms. She also states that in all her four children, including her boy, the occurrence of milk took place in the breasts, commencing when the child was seven or ten days old, lasting a few days, and causing no other symptoms. In all cases there was a considerable quantity of the milky fluid formed every day. The mother also states that the mother of her husband, Mrs. R. C. C., now living in Mount Vernon, Illinois, who is the mother of seven girls and four boys, told Mrs. V. M. C. shortly after she (Mrs. V. M. C.) was married that all her girls had had the bloody vaginal discharge when two or three days old, and that all her children, both boys and girls, had had the occurrence of milk in the breasts at about the age of seven days, the boys having a larger quantity of the milky formation.

Dr. McGillicuddy, Canal Zone, attended Mrs. V. M. C. when the boy was born. Without going into the etiology of this case, I would merely state that Halban attributes both these occurrences—the vaginal discharge and the milk—to a common cause, namely, the circulation of some substance probably derived from the placenta. I would also call attention to the feature of inheritance through the children's father.

Childbirth After Apparent Menopause.

Dr. Louis H. Nowack, in the Wisconsin Medical Journal, July, 1912, reports the following:

Patient—Mrs. G., born in Wisconsin, German parentage, age 42 years, 3 children—all living.

Family History—Grandmother, mother and one sister, each had normal menstrual history and normal pregnancies. Mother had an early menopause, at 43 years.

Menstrual History—Menstruation began at 14 years, 28-day type, 5-6 days' duration, painless and of normal amount. Pregnancies normal, with menstruation recurring after period of lactation except in the case of the last puerperium.

On December 1st, 1910, I was consulted in regard to Mrs. G., by her husband, because of a troublesome eructation of gas, which condition was said to have begun about two weeks previous. Expecting that this malady might be the initial picture of the early symptoms of a pregnancy, I inquired into her menstrual history and learned the following: Her last baby had been born in the fall of 1904, was breast-fed for one year, then weaned, but the menstrual flow never returned thereafter. In the summer of 1906, following an automobile accident in a neighboring city, the patient had just enough of a flow from the vagina to show on the inner garments, no more than four to five drops she claimed, and up to the date above given there was not a hint of a vicarious process. With no menstruation date to go by, therefore, and her history naturally suggesting no possibility of an existing pregnancy, I placed her on therapeutic agents versus the gas eructations, but without avail.

Each successive day found the condition more severe. At the end of one week, feeling that the case might be an anomaly of rare occurrence, I suggested the possibility of a pregnancy, this with a great deal of uncertainty in my mind, and asked for an examination. This was granted, but I found nothing but a very slight amount of cervical softening, apparently not sufficient to suggest a two months' preg-

ancy. In view of (a) the distressing eructa-ons, and (b) the cervical softening, I was re-ssured that my suspicion of an existing preg-ancy was not without foundation, and though ıy diagnosis was disbelieved by the family, and feel doubted by the fellow members of the rofession with whom I shared the facts of the ase, I held fast to my diagnosis. The search or literature on the subject followed, the result f which was the finding of but one article, pub-shed in the Journal A. M. A., Vol. LV., No. 7, age 568.

On January 1, 1911, I examined the mother gain, and found typical cervical softening, nor-ıal uterine enlargement in keeping with the ırd month, vaginal discoloration and breast nlargement. From that time on each change as normal, the gastric symptoms rapidly dis-ppeared in two weeks' time, and on July 12, 911, the patient gave birth to a twelve-pound oy. The puerperium was normal, breast-feed-ıg successfully carried on until the eighth onth, and since then two menstrual periods ave periodically recurred.

Fatal Results from Injection of "606."

Dr. Moore in the Dublin Journal of Medical cience, May, 1912, reports a case in which a ıan, aged twenty-five years, with syphilitic his-ory and positive Wassermann reaction, suffer-ıg from early general paralysis of the insane, eceived an intravenous injection of 0.5 gramme 606." This produced a rather severe reaction; emperature 103 deg. F., pain in the stomach, omiting, and diarrhea, but this passed away fter a few hours. Rather more than six weeks ıter he received a second intravenous injection f the same amount. A very few hours later is temperature was 105 deg. F., his pulse weak, lmost imperceptible, heart sounds feeble; lips, ars, nose, and nails blue; tremor of the right and, speech indistinct, severe vomiting and iarrhea, pain in the stomach, head, and limbs, oss of sensation and tingling in the feet, loss f all reflexes, except a slight clonus in the right eg. On the next morning he was much better, ut in the afternoon he became worse, and died t 11:30 P. M.

Rupture of the Liver.

Reported by Dr. G. B. Johnston, Richmond, Va., in the Old Dominion Jour. Med. and Surg. Two years ago this patient was thrown from is wagon and the wheels crossed over the body t the level of the seventh, eighth and ninth ibs, at 5 p. m. At 7 p. m. the temperature was 5 F., pulse 62. Abdomen was soft; no com-laint of any pain except of the broken ribs. At midnight, temperature was 98.6 F., pulse 0. About 4 a. m. he complained of pain in the bdomen. At 7 a. m. temperature was 101 F. ulse 124. There was great rigidty of the right bdominal muscles, especially of the upper half f the right rectus, and tenderness over the ight hypochondrium. No vomiting or nausea. Leukocytes, 14.000 per c.mm. Differential ount: polymorphonuclear neutrophils 94 per ent. The urine showed a few blood-cells and asts. A tentative diagnosis of rupture of the arge bowel or gall-bladder, with beginning per-tonitis was made. A long, free right rectus ncision was made from the costal angle to bout the line of the umbilicus. On opening peritoneum great quantity of blood in clots and free issued from the wound. The blood was rapidly removed.

Exploration revealed that the liver was ruptured. The incision was then extended by cutting through the fibers of the right rectus. The broken ribs lent great aid in exposing an enormous rent in the right lobe of the liver. This rent began with a Y-shape on the convey surface of the liver at its highest point, passed forward and mesially over the free border of the liver about one inch to the right of the gall bladder, and on to the under side of the liver as far as the junction of the cystic duct with the hepatic duct. The gall-bladder was collapsed, but there was no rent in it nor in any of its ducts. There was no free bile discoverable in the abdominal cavity, nor was there any other intra-abdominal injury. A blunt liver needle threaded with No. 4 catgut was passed deeply through liver tissues. Six or eight interrupted sutures from three-quarters to one inch apart were introduced to close the rent in the convex surface. The liver was then turned up, and starting at the rear extremity of the wound on the concave surface three or four interrupted sutures closed the wood to the free border. With the tying of the sutures hemorrhage was immediately stopped. The cavity was rapidly cleansed with wet saline sponges, a small cigarette drain was introduced into the right kidney pouch, a light drain was laid over the line of sutures and all brought out at the upper end of the incision. Rapidly placed through and through sutures closed the abdominal wound. The patient left the table in a desperate condition. Shock was extreme; pulse was 160 and barely perceptible. Subcutaneous saline, which had been started before the operation, continued through it, was kept up after the patient was put to bed. The extremities were bandaged and general treatment for shock instituted.

Patient reacted from the shock. Removal of the drainage commenced about eight days after operation. Bile made its appearance through the wound, but disappeared a few days after drainage was removed. Discharged six weeks after operation, wound entirely healed, and is at this time in perfect health.

Abscess of Liver, Operation, Regeneration.

Reported by Dr. J. R. McDill, Milwaukee, in a paper on "Bloodless Surgery of the Liver," read at the annual meeting of the Amer. Surgical Ass'n. at Montreal.

R. P. H., aged 24, cook, light battery D, Sixth U. S. Artillery, was operated on in Manila for a large solitary abscess of the liver in September, 1900. Until the end of November the amount of mucopus, full of motile amebas, which was discharged daily was almost incredible; the very voluminous dressings became saturated every eight hours; the discharge would overflow into the bed and at times soak through the mattress and drip onto the floor. Through the large anterior opening a sound 26 cm. (10 inches) long could be waved about in the cavity in all directions, showing that there was but a mere shell of liver tissue left. The temperature from the beginning ranged irregularly from just above normal to between 102 and 103 F., until the end of November, when it occurred to

Surgeon Douglas Duval, U. S. A., to suggest the use of a 1:1,000 quinin solution to irrigate the cavity. The patient had become waxy in appearance, and was quite helpless from debility, but improved immediately after the quinin irrigations were begun, and was able in one month to go on the hospital ship on a voyage of recuperation, from which he returned in two months apparently well, with a regenerated liver, and returned to duty a few weeks later. The army records show that this mna was finally honorably discharged Dec. 23, 1901, in good health.

Unusual Contents in Hernial Sacs.

Dr. A. E. Barker, in The Lancet, tells us that in one of his cases he found a long vermiform appendix firmly adherent by recent adhesions to the inner aspect of the femoral ring. The apex was almost destroyed. It was removed in the usual way and the wound healed by first intention. In a second case, a right-sided hernia became large, painful and irreducible. The patient was sick only once at the outset. The bowels had been regular until the last day. On admission the whole right inguinal region was swollen, edematous, painful and very tender to the touch; its upper half was typmpanitic, the lower dull. The diagnosis was uncertain, but the treatment to be adopted was obvious. Under a local anesthetic the tumor was incised from end to end, and a very large quantity of pus and sloughy tissue found lying on the external oblique muscle. But a great quantity of pus came also through the external ring, into which the finger could be passed. It was clear that the main abscess was intra-abdominal and lay in the neighborhood of the appendix.

Non-Adherent Membranous Patch in Pericolitis.

Reported by Dr. V. F. Marshall, Appleton, Wis., in the A. M. A. Jour., October 5th, 1912.

The literature is replete with numerous contributions by various authors concerning membranous pericolitis, Jackson's membrane and other terms designating the same condition, with many theories as to its etiology. I cannot add anything to the present conception of this condition, but wish merely to report the following with the hope that it may serve to throw light on the pathology of this rather obscure condition.

Miss M., aged 19 years, was operated on at Theda Clark Memorial Hospital, Neenah, Wis., August 17, 1912, for right-sided pain confined to the right hypochondriac and ileocecal region. The attack was of two days' duration. Temperature was 99.5 F., pulse 90. Constipation and some anorexia were present, but no vomiting. There was rigidity of the right rectus muscle. The urine was normal. A diagnosis was made of an appendicitis or a pericolitis with bands or perhaps both together. Through a right rectus incision the appendix, which was slightly congested, was removed. The pericolitic condition was very pronounced and several bands running transversely over the ascending colon and cecum, producing constriction, necessitated division. On further investigation the left side of the abdomen proved to be negative, but a very pronounced patch several inches in area of this membrane was not on the peritoneal surface to the left of the u bilicus. It was non-adherent to the adjace underlying viscera.

Hirschsprung's Disease.

Case reported by Dr. H. H. Kerr, Washin ton, D. C., at a meeting of the Washingt City Medical Society:

Virginia C.; age, 42; white. Family histo negative. She has had "stomach" trouble her life; always had to use purgatives, and t abdomen always was large. Sometimes for t or three weeks she did not have a stool and t borborygmi were so loud that they could heard all through the house. At 13 years age she had typhoid fever. She was of lo mentality, dull and lethargic; backward school which she attended only five years. S lived at home until 7 years old when her mot er died, and the child was removed to the S Ann's Orphan Asylum, Washington. In 19 she was in Providence Hospital for the san symptoms, as she was readmitted in Februar 1912. She was relieved then, but remained hospital for six weeks.

About Feb. 18th, 1912, she began to have pa in abdomen following several days' constip tion; the usual purgatives were given witho effect. February 22 she began to vomit, and diagnosis of intestinal obstruction was mad Readmitted to hospital Feb. 25th. She was we nourished; skin sallow; mucous membranes good color; had lost her molar teeth, the r maining teeth in bad condition; tongue coate lungs and heart normal; abdomen much ar uniformly distended; no rigidity; peristalsis vi ible, passing generally from right to left; o casional vomiting of brown odorless liqui urine alkaline and contained hyaline casts; ten perature, 69.6; pulse, 78; respiration, 34. turpentine enema was given without resul lavage of stomach; hot turpentine stupes to al domen. Salt solution by rectum was not r turned. 26th, condition about the same exce that the pulse was 90. Another enema, no double, was given, most of it retained; was r peated without result. She was then operate on by Dr. Kerr.

A median incision was made below the un bilicus and the sigmoid colon exposed; it wa distended to the size of a man's head. A re tal tube was passed into the colon and di charged much gas. The colon walls were foun thickened; the two anterior bands had fuse into one, four inches wide. This hypertroph extended from the splenic flexure down to th lower sigmoid. By the advice of Dr. J. F. Mi chell, a side-to-side anastomosis was made b tween the lower ileum and lower sigmoid; th aseptic basting stitch method. Resection bowel deferred. She recovered satisfactori from the operation, and two days afterwar had two stolls. This continued daily and sh had a smooth convalescence. Three weeks af er the first operation Drs. Mitchell and Ke operated again. A long incision was made i the left rectus muscle, and the sigmoid was d vided between clamps and the distal end turne in under the basting stitch. The mesocolo was then incised and the large vessels ligate and divided. The great omentum was divide about two inches below the greater curvatur of the stomach and ligated in sections. Th

parietal peritoneum along the outer border of the ascending colon was incised and the intestine raised from its bed and its vessels secured. Two curved clamps were applied in apposition, to the end of the ileum, distal to the former anastomosis, and it was divided by the cautery. The end of the ileum was turned in with a basting stitch and reinforced with two Pagenstecher sutures. She made a good recovery from the operation; showed no signs of shock; convalescence uninterrupted; fourteen days after operation she was on light diet and daily having about two formed stools. An interesting development since the operation has been that she has mentally improved. Her sister-in-law, on visiting her, was struck by the change.

Myositis Ossificans.

Reported by Dr. A. R. Shands, of Washington, at a meeting of the Washington, D. C., Surgical Society.

The man in January, 1910, had fallen fourteen feet from a scaffold, suffering a bad bruise of thigh and having apparently ruptured a muscle in the middle third. In August he came to Dr. Shands, with a diagnosis of probable osteo-sarcoma for amputation; he had lost thirty pounds. A large bony mass eight or nine inches long could be felt, not movable and apparently attached to the femur. There was no pain, but he could not flex the leg and was lame. An X-ray showed the condition of myositis ossificans was made. The mass shown by Dr. Shands was removed by chiselling it from the femur; the patient made a good recovery; regained normal weight and has practically normal use of the leg.

Abstracts from Medical Journals.

Failure of the Colon to Rotate.

Dr. Chas. H. Mayo, Rochester, Minn., in the Medical Record says:

In early fetal life the colon is on the left side of the abdomen. Later a rotation of the colon occurs around the mesentry of the small intestine, the cecum passes across the duodenum to the right hepatic position, descending to the right iliac fossa. The colon may cease to rotate at any point in its progress and give rise to a number of congenital abnormalities, which Mayo in this paper summarizes. He reports five cases representing various forms of such abnormalities met at the Rochester clinic in the past two years. (1) Acute gangrenous appendicitis in the left iliac fossa. (2) Chronic appendicitis in the left iliac fossa. The cecum and ascending colon were on the left side. (3) In operating for cholecystitis the absence of the cecum and the ascending colon on the right side was noted, these structures being found on the left side. (4) Subacute appendicitis, with the appendix and ascending colon on the left side. (5) Case of left-sided appendix and ascending colon.

Cause of Death in Pancreatic Necrosis.

In Il Policlinico, Dr. Dario Maragliano describes the symptoms of pancreatic necrosis as violent abdominal pain, localized in the epigastrium and followed by vomiting. The pulse becomes small and frequent, and a condition of collapse is reached in from ten to twelve hours from the beginning of the disease, followed by death. The autopsy shows hemorrhagic exudation in the abdomen and a pancreas that is large, friable, and cyanotic. In the peripancreatic fat are found areas of steatonecrosis. The basis of the whole trouble is more or less extensive pancreatic necrosis, the other findings being secondary. This inflammation, followed by necrosis, is not of bacterial original. The author has made experimental researches as to the causation of pancreatic necrosis in animals, as a result of which he believes that the causation is as follows: Death from pancreatic necrosis is due to a form of poisoning; the poisons are not due to soaps, nor ferments, nor the products of pancreatic autolysis; the poisons must be sought in special toxic substances which develop from the products of the autolysis of the pancreas and the fats of the organism.

Pancreas in Chronic Alcoholism.

Dr. Lissauer, in Munchener med. Woch., states that the pancreas frequently shows organic disease in alcoholics and that the alterations involve both parenchyma and connective tissue. We may see an interstitial pancreatitis due to inflammation of the connective tissue and a fatty degeneration of the parenchyma, and both these lesions may be regarded as especially ethylogenic, as the author has not encountered them save in alcoholics. The two types of lesion conform to the finds in the livers of alcoholics—fatty liver and cirrhosis. Friedreich has already described "drunkards' pancreas," so that the author claims no priority. In theory alcoholics should be prone to pancreatic diabetes and, as a matter of fact, they are known to be subject to the latter.

Syphilis of the Stomach.

Dr. Jerome Meyers, of Albany, N. Y., in the Albany Medical Annals, reports one personal case and reviews sixty from the literature. He says that it is a rare manifestation of syphilis, congenital or acquired, occurring mostly in males, especially in the fourth and fifth decades, but also at almost any age. Its pathology is characterized by (1) multiplicity of lesions in many organs, (2) by variety and plurality of lesions in the stomach itself. Its symptomatology corresponds to the pathologic findings; it presents no unanimity of symptoms. There are four symptoms which are, however, fairly common, singly or combined. These are (1) pain, especially immediately after eating, (2) emaciation, (3) tenderness, (4) hemorrhage. Clinically, we should not divide cases of gastric syphilis too strictly, as an exact diagnosis of the form of lesion is often impossible, except by operation or autopsy.

We may classify syphilis of the stomach under (1) ulcer in any part of the stomach and its results, (2) gumma in any part and its sequelæ as to tumor, (3) wide-spread infiltrations of gummatous or more fibrous character leading to deformity, cicatrization or involvement of the peritoneum or neighboring organs, (4) a combination of two or more of these. The diagnosis is extremely difficult as a rule. If there be a clear history of syphilis, or if the Wassermann is positive, the diagnosis should be com-

paratively simple. The proper diagnosis is extremely important, as exitus may occur through hemorrhage, inanition or stenosis, when timely intervention could have cured. Even when properly diagnosed, many of the cases have suffered delays through false diagnosis and treatment. Any form of mercury or the iodids give as brilliant results as are to be found in the practice of medicine.

Diagnostic Hints—Dr. R. C. Cabot.

1. Never make a diagnosis of uremia in a patient seen for the first time in an acute illness characterized by coma or convulsions. Such diagnosis rarely turn out right.

2. Never make a diagnosis of ptomain poisonig without definite chemical evidence. General peritonitis or a tabetic crisis is usually the correct diagnosis.

3. Make no diagnosis of hysteria, neurasthenia or psychoneurosis in a patient whose symptoms begin after the forty-fifth year. The actual diagnosis is likely to be arteriosclerosis, hyperthyroidism, dementia paralytica, or pernicious anemia.

4. Diagnosis of tertian malaria in patients whose symptoms resist quinine more than three days are almost invariably wrong.

5. Bronchial asthma beginning after 40 usually spells heart or kidney disease.

6. Epilepsy beginning after 40 usually means dementian paralytica or cerebral arterio-sclerosis.

7. Typical migraine is often a symptom of unrecognized brain tumor or chronic nephritis.

8. Most cases of "bronchitis" mean tuberculosis, broncho-pneumonia or multiple bronchiectasis cavities.

9. Aside from the immediate results of acute infections, (such as scarlet fever, diphtheria, tonsiltis and pneumonia) "acute" nephritis usually turns out to be chronic.

10. Acute gastritis and gastralgia usually mean appendicitis, gall stones or peptic ulcer.

11. Pus in or near the liver is often mistaken for serious or purulent pleurisy, for it produces identical signs in the right chest posteriorly.

12. An X-ray of the shin bones may give the first hint of an active syphiltic process in the joints or internal viscera.

13. Systolic or presystolic murmurs, heard best at the apex of a markedly enlarged heart, rarely mean valve lesions.

14. Diastolic murmurs at the base of the heart are very uncertain evidence of aortic disease unless there are characteristic jerkings in the peripheral arteries.

15. Myocarditis is a diagnosis which should never be made clinically.

16. Besides the direct evidence afforded by the history and the various methods of physical and chemical examination, diagnosis profits much by taking account of certain familar pathologic chains or groups of them. Given one or two members of the group, it is often wise to act as if the other were present, provided of course, that the direct evidence in no way contradicts us.

17. Cerebral localization applied to tumors, hemorrhages and the like is still in its infancy.

18. The clinical diagnosis of the so-called diseases of the blood is the easiest and safest in medicine.

Sputum Diagnosis of Pneumonia.

By August J. P. Pacini, M. D., of Memphis, director of the laboratories University of Tennessee College of Medicine. From the Interstate Medical Journal, St. Louis, June, 1912:

The reaction to be described was observed persistently present in pneumonic sputa during some research investigations concerning the nature, source and characters of sputum pigments relative to their diagnostic value.

After noting the usual physical characters of the specimens for examination, including, of course, the color, odor, consistence, etc., etc., a portion of the sputum is mixed with distilled water in the proportion of one volume of sputum to ten volumes of water, and agitated in a suitable container for five minutes. The mixture is filtered through paper and preserved for the test.

A one per cent, aqueous solution of methyl violet constitutes the reagent necessary for this reaction, and should be prepared as stock and ready for use.

To a test-tube containing 10 c.cm. of distilled water add 5 drops of methyl-violet solution and mix thoroughly. Then add, drop by drop, 10 drops of the filtrate obtained as above described.

In the event of a positive reaction, the methyl violet assumes a distinct red color. Nothing short of a red color constitutes a reaction.

This reaction is present only in the sputum of those patients subject to the onset of pneumonia. It is due to a secific disintegrated blood pigment characteristically present in the sputa of such patients, and precedes the expectoration of the classic "rusty sputum" by several days.

Applied to over 1,200 speciments, where the ultimate diagnosis was confirmed and established as pneumonia, an error of 2 per cent. existed.

Because of the combined accuracy and simplicity involved in the diagnostic method, it should prove useful to the practitioner who does not even attempt laboratory diagnosis because of time and training necessary for such work.

Operative Treatment of Fractures.

The following are the conclusions in a paper by Dr. Willard Bartlett, of St. Louis, Mo., published in the Amer. Jour. of Surgery:

Of the 80 cases treated, it has been possible to secure the results in 53 instances. In summing up these results we find that bony union is known to have occurred 46 times out of the 53; that non-union resulted five times; three patients died. (One of these died of heart failure; the bony union had already resulted.)

As a result of the experience gained in the 80 cases summed up in this paper, I have the most unqualified enthusiasm for the open treatment of fractures in properly selected cases. Too great emphasis, however, cannot be laid on the importance of the proper selection of cases, as shown throughout this discussion. The statistics which have been given here show exactly what has been accomplished. I am certain that the results of the next 80 cases will be much better, as experience plays a wonderful role in this class of work.

The number of plates in which secondary removal was necessitated forces me to the conclusion that smaller and lighter plates must be used if a tissue tolerance to them is to be cultivated. However, removal of a plate is a mat-

ter of comparative slight significance when restoration of anatomical and functional perfection are considered. I have not had to remove wires, nails or pins where aseptic healing had been effected.

Nothing short of absolutely perfect approximation justifies an open operation for fracture. By this is meant a union so exact that no fracture line can be seen by spectators a few feet away from the field. An ideal result is possible even when Lane's plates are used in the presence of pus, as shown by one case.

The mortality here shown of three in eighty can be still further reduced by more discrimination in the material chosen. I lost one alcoholic from pneumonia eight days after plating a clavicle, and a second in delirium tremens 15 days after the same treatment of a femur; the conclusion is obvious. My third death occurred suddenly as the patient was about to be discharged, apparently cured.

My experience shows me that for practical purposes one must regard the bone plate as highly useful in fixing fragments only until external splints have been applied. I have seen screws become loose where motion inside of the cast was possible, something especially true of the femur or humerus. There can be no doubt then that a better prognosis can be given for a thin than for a fleshy person so treated.

Appendicitis and the Best Time to Operate.

Dr. Beverley Robinson, in American Medicine, June, 1912, says:

It is refreshing indeed, to a man who has followed the doings of physicians and surgeons for many a year, to have the truth told about an important disease, which occurs daily. The man who tells the tale is Sir G. T. Beatson, Lancet, May 11, 1912; the disease is appendicitis.

According to Beatson it is judicious in only very rare instances relatively, to interfere surgically, during the acute stage of the disease. By so doing, life is jeopardized not infrequently owing to peritoneal inflammation, brought about by transport of poisonous bacteria. If we wait until the acute symptoms have completely disappeared; pain, fever, increased white blood count—indeed, until the interval period, there is, as is well known, little, or no danger to life.

Acting after this manner in over 370 operations, Beatson had a mortality of but 3.3 per cent. as compared with the statistics of several other English surgeons, who had pursued a different plan—i. e. the one of immediate operative interference in all cases of acute appendicitis, which was very low indeed.

Further Beatson believes in the careful, sane medical management of cases of acute appendicitis—and is of opinion that small, or moderate doses of Dover's powder—bismuth and gray powder, are often desirable. Feeling as I do—and have long maintained, that appendicitis should not be regarded as a surgical disease, more than, or even as much as it is a medical affection, I am greatly pleased to have my views in part endorsed by an eminent authority in surgery.

Further, I am very hopeful if Beatson's ideas prevail and especially in the United States, we shall have a diminution in operations and dread of them. Again, if one be performed, it will be done by a thoroughly competent man of high character, after due consideration of all the facts involved, and after proper preparations have been made, without hurry, nervous excitement, and often hasty removal from home to hospital and consequent increased shock, or risk of extension of peritonitis.

It remains to be proven that first, or second attacks, should be followed by others unless operated, and whether such attacks are graver, or less so, if they occur—I am convinced they would not occur if people would merely be careful as to a few simple rules of health and they would not be really dangerous to life in a very large proportion of cases if they were properly treated medically—by rest, liquid diet, warm local applications and enemeta. In some instances local blood letting with leeches in the beginning and afterwards the use of salicin by the mouth is of undoubted and great value.

Reports from County Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, Reporter.

The Regular December Meeting of the Atlantic County Medical Society was held in the Chapel of the First Presbyterian Church, Atlantic City on Friday evening the 13th inst at 8:30 o'clock.

An application for active membership from Dr. L. H. Bewley, a graduate of Hahnemann Medical College, was reported to the Society.

After the usual routine of business was transacted the following programe was presented:

"Some Details of the Medical Inspection of Schools in Atlantic City," by Dr. E. C. Chew, Atlantic City.

Paper: "Mental Deficiency and its Relation to Education," by Prof. E. R. Johnstone, Superintendent, Vineland Training School.

Paper: "Physical Training and its Importance to the Child and to the Community," by Mr. Spencer M. Bennett, Physical Training Director of the Public Schools of Atlantic City.

Dr. Chew's paper showed that regular thorough and systematic inspection is made of all the pupils in our schools, and as the result of which much greater efficiency is manifested in the class rooms and the general health of the pupils is vastly improved.

Prof. Johnson classified the mentally deficient and also gave us an interesting description of the methods used at Vineland for assisting these unfortunates to become more useful.

Mr. Bennett told of the very great value of physical training to all children and the various means that are at his disposal to assist the children in obtaining a "sound mind in a sound body."

About twenty members and as many guests were present

BERGEN COUNTY.

Fred'k. S. Hallett, M.D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held at Elks' Hall, Hackensack, November 12, at 8:15 P. M. The President, Dr. F. C. Bradner, occupied the chair, twenty members were present.

We had no special program for the evening, and several of the members reported interesting cases.

Dr. Joseph Payne, of Midland Park, reports a case of hemoptysis of doubtful origin, which was relieved by the use a horse serum.

Dr. Charles Calhoun, of Rutherford, reported a "Diphtheria Mary"—a child contracted diphtheria over one year ago, and active cultures can still be obtained from the throat.

After a social session the meeting adjourned.

DECEMBER MEETING.

The regular monthly meeting of the Bergen County Medical Society was held in Hackensack, December 10, 1912, at 8.15 P. M. In the absence of the president, Dr. S. E. Armstrong, vice-president, occupied the chair, 26 members were present.

The regular order of business was deferred.

Dr. S. Adolphus Knopf, of New York city, gave us an interesting and instructive talk on "The Early Diagnosis of Tuberculosis." The doctor laid stress on the importance of taking a careful family and personal history. He gave us a demonstration on a subject of his method of examination and brought out some helpful points on diagnosis.

After a business and social session the meeting adjourned.

CAMDEN COUNTY.

The Camden County Medical Society held its regular meeting at the City Dispensary Building, December 10th. The meeting was well attended by the doctors from all parts of the county. Dr. A. B. Hirsh, of Philadelphia, read a paper on "Newer Methods in Neuritis of Obscure Origin."

Dr. F. G. Northey was to have read a paper on "Advanced Biological Thesapentics," but owing to illness his representative read the paper.

Dr. Hyman I. Goldstein, of Camden, read a paper on "The Treatment of Streptococcic Sore Throat, Follicular Tonsilitis and Diphtheria," emphasizing several new methods of diagnosis and treatment.

In his paper Dr. Goldstein brought to the attention of the members of the society the necessity of having established a local bacteriological laboratory for each large city or county in the State that the reports of cultures from cases of sore throat may be received more promptly; also to avoid delay and disastrous results and to enable the attending physician to give early and prompt treatment. As it is, physicians must send specimens for examination to the State Laboratory at Trenton. He described his method of treating acute septic tonsilitis with bacterins or bacterial vaccines and with a powder called acetyl-salicylic acid. Also, how to remove and clean the throat in "diphtheria carriers" by applying solutions or suspensions of staphylococcus syogenes aurens, thus enabling the doctor to get a negative culture and shortening the length of quarantine. These methods have hitherto never been used in this city, and have been described before the Camden Medical Society for the first time.

Dr. Goldstein also brought to the attention of the society the danger of the excreta and discharges of diphtheria patients, carrying infection and advised the disinfection of same, just as in typhoid fever and other diseases. This may be a help in stamping out epidemics of diphtheria. He emphasized the necessity of opening the municipal hospital without further delay.

Dr. Edward B. Rogers, of Collingswood, moved that the legislative committee prepare a bill for the next Legislature to have bacteriological and hygienic laboratories in every county of the State. This motion was passed unanimously.

Dr. Goldstein reported that there were 218 cases of diphtheria in Camden city in the past four months, with a mortality of 10 per cent.

Dr. H. H. Davis, president of the Board of Health, stated that many physicians are slow in sending in their reports of cases of bad tonsilitis, and that of thirty cases reported twenty were sent in by the writer of the very interesting and important paper, Dr. Goldstein.

Dr. W. A. Wescott, of Berlin, spoke concerning the general welfare of the medical profession in New Jersey, and means by which the social, medical and scientific and legal sides of the profession can be improved.

Dr. Lippincott, Dr. Fithian, Dr. Strock and Dr. Cramer also spoke on this subject.

Motions were passed to send the papers of Dr. Hirsh and Dr. Goldstein to the State Medical Journal for publication.

CAPE MAY COUNTY.

Eugene Way, M.D., Reporter.

The Semi-annual meeting of the Cape May County Medical Society was held at the Hotel Seacrest, Wildwood, November 20, 1912, the President—Dr. Margaret Mace in the chair.

The attendance was above the average, quite a number of ladies having honored the society by their presence.

The feature of the meeting was an address on "Biological Products," by Dr. B. A. Thomas of the University of Pennsylvania. The lecture was strictly up-to-date, interesting and instructive, and should be heard by every Society in the State.

A hearty and unanimous vote of thanks was given Dr. Thomas.

The Society then adjourned for dinner, after which a pleasing entertainment arranged by President Mace was given. The next meeting will be held at Cape May Court House.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society met Tuesday evening, December 3rd, to hear Captain James M. Phalen, U. S. A., on "Anti-Typhoid Vaccination in the United States Army." The address was most instructive in telling what the Army is doing in the matter and was replete with scientific proof of the value of vaccination as prophylactic against typhoid, shown, for example, in the significant reduction of the number of cases, and suggesting its use in even treatment.

One new member, Dr. Nelson Kingsbury Benton, Newark, was elected to membership.

The Public Health Education Committee of the County Society arranged for a lecture by Dr. Richard C. Cabot, of Boston, before the Contemporary Club on December 3d. There was a fine representative audience of about sev-

en hundred women present and great interest was manifested in the doctor's address on "The Democratic Spirit in Medical Service." He reviewed briefly many of the significant discoveries and other advances of recent days and showed how they tended to make medical knowledge both more widespread and more useful to the human race; that the multiplying activities in Preventive Medicine were improving the public health, reducing the amount of individual sickness, and providing better comforts for those who became sick. The spirit of his lecture was a splendid compliment to the purpose of the propaganda of the A. M. A., and the aims of this committee in carrying it out, to bring scientfiic medicine into sympathetic touch with the people and provide them legitimate information on the medical topics of the times. The great success of this, the first meeting under the present plan of operating, encourages the Committee to hope that our members will take an interest in finding lay organizations which have gatherings suitable for medical addresses. The next such occasion arranged for is a lecture by Dr. Walter Dodge, of Orange, on "The Cause and Prevention of Tuberculosis" which is to be given before the delegates of the Essex Trade Council on Friday evening, January 10th, 1913, at 8.30 o'clock at South Orange avenue and Broome street. To this meeting the members of our Society are invited.

The Essex County Pathological and Anatomical Society held its annual meeting Thursday evening, December 12th. Dr. John G. Clark, professor of Gynecology, University of Pennsylvania, delivered a lecture, illustrated with lantern slides, on "Physical Causes Underlying Normal and Abnormal Uterine Bleeding," which was a valuable exhibition of the embryology and physiology of the subject. The election of officers resulted as follows: President, Dr. A. A. Strasser; vice-president, Dr. J. H. Lowrey; secretary, Dr. D. A. Kraker; treasurer, Dr. A. S. Harden; board of governors, two years, Drs. C. E. Sutphen, J. H. Hagerty and H. B. Epstein.

The Medical Library Association of Newark held its seventh annual meeting on Saturday, November 30th. A very satisfactory year was reported in valuable additions to the files of journals and in new books both by gift and purchase, an expenditure of close to $500.00, all for books and journals except $50.00 for total expenses, and, though at so small a cost, a quantity of work had been also done in indexing and systematizing and administering, which has brought all medical literature within easy reach of any reader. The election of officers resulted as follows: President, Dr. T. W. Corwin; vice-president, Dr. Edward J. Ill; secretary and treasurer, Dr. F. W. Pinneo; directors, Drs. F. R. Haussling, A. B. Twitchell, E. S. Sherman, C. E. Teeter; librarian, Mr. John C. Dana.

The William Pierson Medical Library Association held its first meeting of the season Tuesday, November 19th. Dr. Wm. J. Lederer of the German Hospital, New York, delivered a lecture on "The Teeth and Jaws in Health and Disease" in the course of which he emphasized the importance of the first teeth in maintaining proper development of the jaws; spoke of the effects of enlarged tonsils and adenoids; of treatment of fractures and of diseases of the teeth. The annual meeting followed. The officers for the ensuing year are: President, Dr. J. H. Bradshaw; vice-president, Dr. Levi Halsey; secretary, Dr. E. N. Riggins; treasurer, Dr. A. W. Bingham; librarian, Dr. Palmer Potter; council, Drs. T. W. Harvey, Ralph H. Hunt, and Mefford Runyon. The Association announces for the coming season the following lectures: On the third Tuesday evening of the month, January, Dr. Joshua Van Cott, of Long Island College Hospital, "Vaccines and Vaccine Therapy"; February, Dr. Howard A. Kelly, of Baltimore, "Medical Gynecology"; March, Dr. Henry Williams, "Parasitic Diseases." All members of the profession are invited.

The Academy of Medicine has held five section meetings during December. Dr. M. Allen Starr was the speaker on December 18th, on "Localization of Tumors of the Brain" illustrating his subject with his excellent lantern slides.

The Newark Medical League met on Monday, December 16th to hear Dr. Howard Lilienthal on "Some points in the management of Surgical Diseases of the Kidney and Ureter."

GLOUCESTER COUNTY.

Howard A. Wilson, M.D., Reporter.

The regular November meeting of the Gloucester County Component Society was held at the Home for Feeble-minded Women, at Vineland, Nov. 21, 1912, upon the invitation of the Superintendent, Dr. Hallowell.

A short business session was held after which the members and guests were conducted through the institution.

Following this a clinical meeting was held in the Chapel. Dr. Hallowell addressed the Society upon the needs of her patients and methods employed, and after demonstrating very clearly the great benefit of institutional treatment and training, urged upon all greater activity in the interests of these unfortunate and intimated that we are not doing our duty in allowing the cure of so many cases to fall into the hands of non-medical boards and societies.

Dr. Alfred Gordon, of Philadelphia, gave a very instructive clinical lecture, describing and illustrating the various types of mental deficiency.

The Society was then entertained at dinner by the officers of the Home, after which the meeting adjourned.

Taken altogether it was a very interesting and profitable session, and all came away with new ideas as to the care and treatment of these unfortunates, and their claims on us as medical men.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular meeting of the Hudson County Medical Society was held on Dec. 3rd, 1912, at Lincoln Hall, Jersey City. After the transaction of routine business a report of interesting cases was begun.

Doctor L. W. Dodson spoke of a young man,

seventeen years of age, who came to his office with such intense pain around the umbilicus that he rolled around the floor. A hypodermic of morphine one-quarter grain was given him, but no relief. The pain continued and vomiting resulted. Another one-quarter grain morphine was administered with but little relief therefrom. The case was sent to Christ Hospital, where Dr. H. Spence operated on him, and found a portion of the gut protruding for eighteen inches through the mesentery in which there was a slit. The boy died ten minutes after the completion of the operation.

A case of persistent hiccough came under the notice of Dr. D. B. Street, occurring in an adult thirty years old, and persisted for three or four days, and no improvement even under anesthesia. Patient began to weaken when the doctor recalled he had treated him some time ago for influenza, using at that time caffeine and antipyrine. These drugs were again used and the hiccough stopped.

Two good results with the use of rattlesnake venom in cases of epilepsy were reported by Dr. F. F. Bowyer. These cases were of two years standing, and one injection a week had been made for the past five weeks. The venom is put in ampules of one centimeter each, and has little reaction underneath the skin.

Dr. O. R. Blanchard narrated a case of a child who three months before had typhoid fever and got well. Six weeks ago fell and cut forehead. When the doctor was called in he found the wound infected. The wound did not heal well, so it was opened and scraped, whereupon a pyelitis set in, followed by abscess of middle ear. When the latter abscess healed the cut in forehead immediately began to heal, showing extravasation of pus. Dr. Blanchard also told of three or four cases of pneumonia in children about seven years old, in which he had used urotropin, four grains every three or four hours with good results.

A case of hiccough seen by Dr. M. A. Swiney was cured by passage of the stomach tube. The first time the tube was passed nothing was found in the stomach, and the hiccough stopped for three or four hours, and then began again, whereupon the tube was passed again and the hiccough stopped for about the same length of time. After the passage of the tube the third time the disturbance did not again recur.

Dr. A. A. Strasser narrated the case of a woman who complained of pain in right flank, extending down the leg, in which an extensive examination failed to reveal the cause of the painful attacks, which were thought to be hysterical. Inasmuch as no relief was obtained by any method of treatment, the case came to operation, and a sarcoma of the psoas muscle was found, which was evidently a metastasis from a similar growth in the pancreas and stomach, with nodules all along the spine down to the psoas muscle. The rarity of the condition might furnish excuse for failure to diagnose properly, but teaches with what caution a hysterical condition should be assumed.

Dr. Harold H. Brown told of two cases of delayed labor in which he had used pituitary extract with good results. Dr. Kyte asked if any of the members had experience "in these delayed labor cases" in spraying the os with 10 per cent. cocaine. Dr. Enright replied that he had used it in one case, and the woman was blind for a week.

Dr. G. K. Dickinson related the case of a woman with pain below the trochanter. Her eye had been removed four years ago for sarcoma. Autopsy revealed a diffuse sarcoma of the abdomen, more intense in the lower part, and the involvement of the psoas muscle explained the trochanteric pain. Dr. Dickinson then recited some of the thoughts expressed by Arbuthon Lane with whom he had recently spent two evenings, dwelling particularly on the causation and treatment of intestinal stasis.

Dr. W. F. Faison mentioned the interesting case of a man who had lost 52 pounds from malignancy of the pancreas. At operation he anastomosed the gall bladder to duodenum, and patient gained steadily for several months, when he had an apparent recurrence with symptoms of complete obstruction of the pylorus. He reopened, and found the condition to be a complete closure of the duodenum from adhesions so dense they could not be broken up. He did a posterior gastroenterostomy with immediate improvement in the patient's condition. Dr. Faison also spoke of a case of abdominal pregnancy, seven months, where any operation had been refused, and the patient went home and came back septic. He opened the abdomen, removed the foetus which had died at about six and a half months. The placenta (which is usually the bugbear) had separated. He turned out the sac and packed. The bowel gave way with the formation of a fecal fistula, which was almost closed when the patient set up an intestinal obstruction. The abdomen was opened, the obstruction removed and a stream of pus, and the patient got well.

Dr. W. J. Matthews cited the case of a man seventy-two years of age who had never been sick. He became weaker day by day. The upper lobe of the right lung showed complete consolidation, but no cough or temperature was present. A diagnosis of possible malignancy was made. The man died and postmorten examination showed a primary carcinoma of the lung. No other lesion was found.

Dr. William Freile read the paper of the evening on the "Acute Abdomen." (This paper will appear in our February Journal.—Editor).

The paper was discussed by Drs. G. K. Dickinson, O. R. Blanchard, W. F. Faison, A. A. Strasser, G. H. Sexsmith, L. W. Dodson and M. A. Swiney.

MERCER COUNTY.

William C. Sandy, M. D., Reporter.

In accordance with the recommendation of the A. M. A. and State Society, the annual meeting of the Mercer County Medical Society, formerly held in the spring, took place December 10th, at 8 P. M., in the Municipal building, Trenton. There were present nineteen members, with the President Dr. Chas. H. Holcombe in the chair.

The important features of the meeting were the election of officers and delegates, and the prelimniary consideration of changes in the constitution and by-laws. The proposed changes do not alter the former policy of the society. The society is to be congratulated upon the

ork of the By-law Committee consisting of rs. H. B. Costill, T. H. Mackenzie and E. Hawke who have succeeded in reducing to a ear and concise form the various by-laws.

The following are the officers for the ensu- g year:

Dr. H. A. North, president; Dr. F. G. Scam- ell, vice-president; Dr. Walter A. Taylor, sec- tary; Dr. Ira M. Shepperd, treasurer; Dr. Wil- m C. Sandy, reporter; Drs. Martin W. Red- n, Charles H. Holcombe and J. C. Cray- orn were elected delegates to the annual eeting of the State Society and Drs. H. R. orth, William J. Hall, and G. H. Parker, al- nates.

There was no scientific program, the busi- ss of the evening taking up the entire time.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The regular monthly meeting of The Pas- c County Medical Society was held on No- mber 13, 1912, in The Braun Building, Pater- n, N. J. After the transaction of routine siness the following symposium on syphilis, s presented to the Society:

. The Laboratory Diagnosis of Syphilis—W. Gutherson, M. D.

. Syphilis of the Nervous System—I. Sur- ner, M. D.

. Syphilis of the Eye—E. J. Marsh, M. D.

. Diagnosis of Syphilis—C. R. Mitchell, D.

. Treatment of Syphilis—George Fischer, D. The meeting then adjourned.

Local Medical Societies.

Camden City Medical Society.

his Society held its regular December meet- at 729 Federal street. A large number of members attended. Dr. Paul H. Markley d a paper on "Uremia." It was discussed by s. Alex. McAlister, H. F. Palm, A. H. Lip- cott, Edw. B. Rogers, H. I. Goldstein, H. Davis, Daniel Strock and others

r Alex. McAlister exhibited a specimen of Cystic Degeneration of Chorion," and gave eport of the case—this was discussed by Drs. B. Lee, Paul Mecray, D. Strock, Dr. H. H. vis, and others.

Physicians Association of Montclair and Vicinity.

r. Joseph Collins, New York, of the Neu- gical Institute of that city, addressed the ysicians' Association of Montclair and Vi- ty in Club Hall, in the mountain town re- tly.

liquor, the speaker said, is more respon- e for insanity than any other cause. While tioning the need of teaching and "preach- " to patients, Dr. Collins drew a picture, prophetical way, of the future doctor in role of a pedagogue and a parson. The sician's theme had to do with the symp- s of insanity and neurotic states. He cited the principal forms. For the most part his ress took the form of instruction to the eral practitioner regarding the treatment of n symptoms. The meeting was well attend-

Summit Medical Society.

William J. Lamson, M.D., Secretary.

The regular monthly meeting of the Society was held at the Highland Club, on Friday, November 22nd, at 8:30 P. M.

Dr. Hamill entertaining, and Dr. Prout in the chair.

The following members were present: Doctors Baker, Bebout, English, Gorton, Hamill, Jaquith, Keeney, Lamson, Lawrence, Moister, Prout, Risk, Smalley, Stites. Wolfe and Krauss, and the following as guests: Doctors Hosmer, Tweddell, Bowles, and Ehlers, of Summit; Dr. Seward of Madison; Dr. Jones of Basking Ridge; Dr. Harrison of Westfield; Dr. Green of Elizabeth, and Doctors Lewis, Evans, Mial, Griswold and Douglas of Morristown.

Dr. J. A. Stites presented an interesting case of Spina Bifida in a baby five days old.

The paper of the evening was read by Dr. Alfred Stengel of Philadelphia, on "Modern Diagnosis of Gastro-intestinal Diseases." He divided the diseases of the stomach into two main groups, first, functional or transient which were, as a rule, easily controlled by proper treatment; second, organic where the symptoms were continued and resisted intelligent treatment.

In making a diagnosis, an accurate history of the case is of paramount importance. The most important function of the stomach is its motility, the chemical function being subsidiary and the sensuary function being largely reflex. If the mortality is normal, there is generally little disturbance except in case of cancer.

MOTILITY: Leube's method is really the basis of all modern methods for determining the motility. The substantial meal disappearing from the stomach in about six hours. If food remnants are found by lavage done before breakfast in the morning, it would indicate considerable disturbance of motility. Another important symptom is excessive peristaltic movement which can be diagnosed by looking across the stomach horizontally with a good side light. In case of an obstruction of the pylorus peristalsis may be excited at once by giving one and a half ounces of bismuth in an eight ounce emulsion.

CHEMISTRY: The absence of hydrochloric acid does not necessarily mean cancer. We must not rely on one analysis alone as the chemical constituents may vary greatly from many outside causes. Hyperacidity varies with the individual, and is not an absolute percentage in any case. Pepsin and curdling ferments are of little value except when hcl. is absent. The presence of lactic acid in abundance points towards cancer, especially if hcl. is absent, and probably indicates a late or surgical stage of the disease hence it is desirable to get as early tests as possible. The Tryptophan test is the best for this purpose. Outside of these tests all others have not added much. The clinical diagnosis is of much value. The Mayos hold that about sixty per cent. of cases of cancer start from ulcers. This is not the experience of medical clinicians. On the contrary, a history of previous normal digestion is most common. The Einhorn test for ulcers has proved useful. A finding of occult blood in the stools after a previous diet of milk and farinaceous substances for forty-eight hours, is of value in

making a probable diagnosis of cancer of the stomach. The value of fluoroscopy has not been sufficiently appreciated.

GASTROPTOSIS: The X-ray has shown that the normal stomach filled with bismuth or food, hangs pretty nearly vertical and may sag below the umbilicus. In cases of gastroptosis, the stomach may often be restored to its normal position by rest in bed.

Dr. Stengel is opposed to freely operating in these cases, as he is to operating in case of sagging transverse colon.

PANCREATIC DIAGNOSIS: The best test is to intubate the duodenum and then pump out and examine for ferments. This can be done easily and safely thus avoiding more complex tests.

EXAMINATIONS OF STOOLS: This opens up a large field for the future in case of auto-intoxications. The regulation of diet by the examination of stools is quite prevalent in Europe, and is of increasing value.

In discussing the paer, Dr. R. D. Baker said that isolated tests can't be correlated with others, and with the history of the case. Abdominal pain is of great help in making a diagnosis. Stereoscopic X-ray work is of great value. We must not rely on one X-ray examination, but several must be taken at different times. Constipation is often due to mechanical stasis at some point which such as the splenic hepatic or sigmoid flexures. In considering the bacteriology of the intestines, we must remember that fermentation of carbo-hydrates usually produces a slight intoxication over a long period of time while with all proteids produced an acute toxemia.

Dr. W. H. Lawrence said that the surgeon should make a diagnosis in acute conditions, but in chronic cases the internist should make it. He considers the history of the case the most important factor in the diagnosis of abdominal conditions. He has found the use of a stethoscope over the abdomen of great value. He agreed with Dr. Stengel that cancer of the stomach was not preceded by ulcer of the stomach, in any large majority of the cases.

A hearty vote of thanks was extended to Dr. Stengel for his valuable and interesting paper.

Physicians Association at New Brunswick.

About fifteen of the physicians of New Brunswick, N. J., met in the rooms of the City Club December 27th, to consider the expediency of the formation of an organization of the legally qualified practitioners of the city. Dr. D. L. Morrison acted as chairman, and Dr. F. M. Hoffman as secretary.

It was the unanimous opinion of those present that such an organization should be formed and a committee with Dr. B. Gutmann as chairman, was appointed to present a form of organization defining its membership and objects. After refreshments the meeting adjourned.

International Medical Congress.

The next Congress will meet in London, England, August 6-12, 1913. Plans are being arranged for a Physicians' Travel Study Tour, to leave New York July 3rd, for visiting the most important capitals and health resorts on the European continent: Paris, Munich, Carlsbad-Marienbad, Dresden, Berlin, Nauheim Wie baden, Cologne, Brussels, the Hague, Amste dam, etc., ending with the week of the Congre in London. The plan has been endorsed l Drs. Jacobi, Janeway, Kerley, Kiliani and ot ers. Those interested may secure fuller i formation from Dr. Richard Kovacs, 236 Ea 99th street, New York city.

International Congress on School Hygiene.

This Congress will meet in Buffalo, N. Y August 25-31, 1913. It will be composed educators, physicians, dentists, sanitarians an citizens. Already a number of foreign contri and about twenty of the States in this cou try have appointed committees to attend t conference.

Dr. C. N. Kendall, Commissioner of Educ tion, in the near future, will appoint a commi tee to form an organization in New Jersey f the purpose of working up an interest in th Congress.

To Fight Cancer.

Carrying on the policy outlined at the Cli ical Congress of Surgeons of North Ameri in New York recently, the Chicago Medic Society has named a committee to further t campaign of publicity in the fight against ca cer. The committee is composed of Dr. Fran lin H. Martin, Chairman; Dr. C. Volini, Dr. C. O'Byrne, and Dr. Jacob Frank.

Summer Medical College Courses.

The plan of New York University, at lea in its medical college, to conduct regular co ses through the summer vacation season, a thus utilize its plant the whole year round, interesting and will we hope, prove practicab There are many who fail to be convinced t the studying of lessons for a few hours da for five days a week is so exhausting to bust youths that they must have three so months of rest every year. There are al many ambitious youths who would gladly c tinue college work during the summer, a thus gain a year or more in the time requi for completing their studies without short ing the curriculum.

Lectures on Skin Diseases.

The governors of the New York Skin a Cancer Hospital announce that Dr. L. Dun Bulkley will give a fourteenth series of c ical lectures on diseases of the skin in the O Patient Hall of the Hospital, Second aver and Nineteenth street, on Wednesday aft noons, from October 30 to December 18, 1 at 4:15 o'clock. The course will be open physicians on the presentation of their pro sional cards.

Mental Hygiene—Its Importance.

Jan. 1, 1910, there were 187,454 insane pers in institutions in the United States, a num which exceeds the combined enlisted stren of the United States Army, United States Na and United States Marine Corps; and it a exceeds the number of students enrolled in colleges and universities in the United State

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to
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Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to
William J. Chandler, M. D., South Orange N. J.

The editor returns sincere thanks to the secretaries, reporters and members who have so generously given helpful assistance in contributions to the Journal during the past year, and wishes them and all its readers an exceedingly

Happy New Year.

in personal life and work, in home life and in professional service as heaven's enabling, sustaining and prospering blessings abundantly descend upon and abide with them.

PAST ACHIEVEMENTS—1912.

The year 1912, was one of marked progress in the increase of scientific medical knowledge and in the achievements resulting from our profession's efforts to use it for the blessing of humanity. It was a year of careful, persistent, self-denying service rendered by physicians generally in their ordinary professional work, and by some of them a year of life-sacrificing devotion in research work and in application of the knowledge resulting from such work. It was a year of increased study of the problems of preventive medicine and of experimentation as to the best methods for their solution, resulting in improved health conditions in our homes and our schools, and of better sanitary conditions in our towns and cities, and a lower death rate, and giving promise of far better results, as methods shall be improved and are more intelligently and faithfully carried out. In fact in every branch of our profession's activities there has been such decided progress, that lack of time and space forbid any attempt to particularize, strong as the temptation is to recount the many discoveries and the instances where increased knowledge has led to better methods of treating—and preventing—disease, and to boast of the profession's achievements, in justly claiming that the progress made exceeds that of previous years, and that of any other body of scientific men.

The study of known faulty conditions in our medical colleges and public and other schools, in our medical practice regulations, in our State institutions for the care of dependents, delinquents and defectives, in our hospitals, dispensaries, etc., and the determined efforts of our profession to correct them, with a fair degree of success already obtained, should not be overlooked in recounting the profession's services to the State and its citizens. These and many other efforts put forth during the past year resulting in decided advance in the profession's knowledge, influence and efficiency and the public's welfare, furnishes a record for thankful contemplation which should stimulate to further endeavor and to patient and persistent continuance in well-doing.

FUTURE POSSIBILITIES—1913.

What shall be the medical profession's record for the year 1913? Who would venture to forecast the discoveries, the advance in knowledge concerning the etiology, pathology and treatment of disease; improved methods of conducting hospitals and State and local institutions that care for the dependent classes, in so far as the medical profession's relation to, and responsibility for them is concerned.

We do venture the assertion that the record of the year 1913 will greatly exceed that of the past, if the members of our profession are true to themselves and true to the traditions of the past. The growing spirit of investigation and intensity of desire for knowledge as the requisite for highest efficiency and the princely gifts of philanthropic men and women for research work, for charitable institutions for the relief of disease and distress and the weeding out of unworthy, and the better equipment of worthy medical colleges, abundantly warrant the assertion and the possibilities attained will be commensurate with the degree of desire and devotion of the members of the profession.

Another sign of the times which gives great promise of large possibilities is the awakening of the profession to the importance of considering the business side of professional work, as being necessary for maintaining and prolonging the physician's life, and the lives and comfort of his family, not, however, because it is a duty he owes to himself and his loved ones only, but also to his patients, as it means increased knowledge, greater efficiency and success in the service he render to his patients. There is no class of men who have been as free from the spirit of commercialism as physicians, but while faithfulness rather than mere financial success has been the controlling aim, they need the equipment that is essential for efficient and successful service. They can say with Addison: "'Tis not in mortals to command success, but we'll do more—we'll deserve it."

Deserve it by maintaining the dignity, knowledge, efficiency and rights of the profession and in so far as may be, in justice to physician and patient, the charity that becomes our high and holy calling.

Lack of time and space compel us to forego dwelling on some subjects which need and should receive the careful consideration of all our members, as they have decided bearing upon the future possibilities of the profession's advancement and the highest interests of our State and its citizens. We can only mention some of them, but will probably refer to them more fully hereafter.

Legislation: We call attention to Dr. Halsey's communication in another column on legislation needed for the credit of our State, and the good of its citizens. We need legislation in reference to Medical School Inspection. We call attention to the papers of Dr. E. A. Ayers (page 399) and Dr. G. J. Holmes (page 402). Our legislative committee should carefully consider suggested laws which, when approved by the Committee, should be published in the JOURNAL and then be entrusted to Senator Ramsay and Assemblyman Carhart, as they are physicians competent to have them taken proper care of in their respective branches of the Legislature. Then every member of our State Society should use his influence with the Legislators representing his county, or correspond with our Committee on Legislation if he cannot for any reason do so.

The abuse of medical charity, contract practice, the practice of abortion, fee-splitting, prescribing by midwives, nurses and druggists and the sale of nostrums and dopes are evils that should not be tolerated. For the prevention, or punishment, of abortion and prescribing by incompetents, and the sale of dope, there is law, the enforcement of which a united profession should demand. For the other evils we need no other law than the code of ethics—the law of fair and honorable dealing—which should be observed by gentlemen composing so honorable a profession.

Lack of interest in, causing non-attendance on County Society meetings, should be corrected for our own and the public's good, as it means increase in medical knowledge, improved ethical and social conditions, and a *united profession for mutual protection and professional efficiency and success.* Build up, therefore, these societies and report all meetings in our JOURNAL.

DOCTORS REMEMBERED.

Physicians are occasionally given an opportunity to express their thankfulness and gratitude that, amid the privations—self-denying and sometimes self-sacrificing—and devotion to their patients, there is a recognition and expression of appreciation that is more than a mere formal expression of the lips. We have received the following lines from Dr. Edward J. Ill, which express the grateful feelings of the entire medical profession:

> It is not usually known how many destitute doctors there are. Those who have been for years Trustees of the Society for the relief of the Widows and Orphans of Medical Men of New Jersey are well aware of this fact. Many a time the help extended was termed a Godsend. Doctors have a way of looking out for their own sick and poor brethern. They are rarely helped by the laity in this matter. So much more will they appreciate the kindness and foresight of Mrs. Cynthia F. Dryden, the widow of the late Senator John F. Dryden, in endowing a room for physicians, at Saint Barnabas Hospital. Mrs. Dryden deserves the highest praise and we trust similar endowments will be created by others, elsewhere. It is the first time in the history of the country, that such an endowment has been made.
>
> No one does more charitable work and asks for less than do physicans. The medical profession will ever think of Mrs. Dryden with grateful hearts.

The true physician, in pursuing his high and holy calling, is not governed by a commercialistic spirit, and he is certainly not seeking flattery, but he is human and is encouraged and sustained by true, kindly

expressions of heart thanks and such noble actions as those of Mrs. Dryden. Like the Great Physician whose sympathetic spirit and helpful acts he manifests in his devotion to the relief of suffering humanity, he may be justified, in asking himself if not others: "Were there not ten cleansed? but where are the nine?" When overworked, and under-paid, he needs the sympathy, encouragement and inspiration for more efficient work of the "one," who returned "giving thanks," instead of the ingratitude, thoughtlessness and sometimes ill-treatment of the many.

DR. RAMSAY HONORED.

The many friends of Dr. William E. Ramsay, Senator-Elect from Middlesex County, gave him a splendid testimonial dinner, in honor of his election as a State Senator at the Packer House, Perth Amboy, December 5th. There were about 150 present. Excellent addresses were made by Dr. B. D. Evans, of the State Hospital, Morris Plains, Senators Matthew and Silzer, Judge P. F. Daly and others.

We acknowledge the receipt of a handsome calendar from Dr. D. T. Millspaugh, owner of the Rivertown Sanatorium with a fine view of the Sanatorium, and the beautiful grounds surrounding it.

It is with profound sorrow we announce the critical illness of Dr. H. Gerret Taylor, of Camden, a greatly esteemed Fellow and Trustee of our State Society. He was stricken with a severe attack of pneumonia the latter part of November and although the disease was checked, his extreme weakness makes his recovery exceedingly improbable. At last account, December 30th, he was delerious most of time.

We are still unable to make positive announcement of the date and place of the next annual meeting of the Medical Society of New Jersey, although the second week in June seems to be the choice of all the members heard from, and it will doubtless be so decided by the Board of Trustees early in January. While time and date will be decided by the Board, the members of the Board would prefer to hear—as previously stated—the wishes of the County Societies. Dr. English, as secretary of the Board desires to receive reports from the secretaries or any member of the Society the expression of their preferences, before January 10th.

The strength of any science is its capacity to better human conditions. It would seem that surgery is coming into its own now that those who practice it realize that results are the criterion of success, not methods. As a means to an end, every operation is vitally important, but when the balance is struck it is the "what" rather than the "how"—*the thing accomplished rather than the way that determines the real profit or loss.* With this so true what stronger argument is needed for the evolution of a careful, conservative technique that shall ever aim, not at the glory of the surgeon but at the good of the patient!—Exchange.

Women and Quacks.

Among the victims to quackery of every sort women far outnumber men. They are always more trustful, and, as a rule, find it more difficult, especially when suffering, to believe that anyone can be base enough to abuse their confidence, much less to take advantage of their helplessness in order to plunder and injure them.—Henry Sewill in Vanity Fair.

Correspondence.

Dr. Halsey on Needed Legislation.

Williamstown, N. J., Dec. 23, 1912.

Dr. David C. English, Editor,

Dear Dr. English:

In view of the fact that many of the States throughout the Union are taking steps to raise the standard in medicine and particularly the high ground which our neighboring States, Pennsylvania and New York have decided upon, your Committee on Legislation propose at the next session of the Legislature to introduce some amendments to the present medical act. First, that after 1916 that two years in a college of the arts and sciences, paying particular attention to Chemistry and Biology shall be required by the applicant for license to practice medicine in New Jersey. The second amendment would more explicitly define what constitutes the practice of medicine.

Some States of the Union will require after 1914 one year's practical experience in a hospital before applying for a license to practice, and this develops another important question for us to consider. A question on which we should have definite action by the State Society.

It would seem that the steps that we propose to take are very fair to the young physicians, giving them ample time to make the necessary preparations and would not interfere with those who are now attending medical colleges. To be able to secure the passage of this amendment we must have the hearty support of the profession throughout the State and it is our

desire that the members of the county societies will interview their members of the Legislature and explain the features of the proposed amendment and that it is a step to the higher and better education of medicinemen who propose to practice medicine within our borders.

If this amendment should not be adopted we will lose reciprocal relations with quite a number of States which have already adopted the standard. Your Committee is of the opinion that at no distant day medical colleges of the first class throughout the country will demand of all students who enter upon the study of medicine that they be able to demonstrate that they have had two years collegiate work before entering upon the study of medicine. If we succeed in passing this measure this year we have adopted a high standard and probably one that will need no change for a number of years; so we ask the hearty co-operation of the medical profession for the passage of this measure.

At the present time there is a law upon our statute books empowering the Governor to appoint a Commission to carefully investigate and classify medical defectives throughout the State. Some educators are of the opinion that this work should be done entirely by them and not by the medical profession It is the opinion of your committee that in the diagnosis and classification of these cases that it is entirely a medical question and can only be done properly by men who have had this training. If it is left entirely within the province of educators throughout the State it is questionable whether we will derive the proper classification and determination as to which of these cases can be helped and which are incurable or that practically nothing can be done to assist their mental condition. It is indeed a very lamentable state of affairs if we have not a sufficient number of doctors throughout the State who would be capable of diagnosing and classifying the various form of mental defectives and we sincerely trust that our influence as medical men will be exerted for the present law and that it shall not be amended until such time has passed in which a fair and impartial trial has been given to determine accurately whether it meets the conditions for which it was intended.

Yours truly,

Luther M. Halsey.

Dr. Wiley's Successor.

The successor of Dr. Wiley at the head of the bureau of chemistry, of the agricultural department at Washington, is Dr. Carl Alsberg. He has been bichemist of the bureau of plant industry. When Dr. Wiley resigned he recommended Dr. Alsberg for the place. He was also urged for it by Dr. Galloway, of the bureau of plant industry. In taking office Dr. Alsberg refused to enter into the merits of the controversies which raged during the incumbency of his predecessor and said: "I am simply for the unswerving enforcement of the law." Dr. Alsberg is a New Yorker and thirty-five years old. His father was one of the founders of the New York Chemical Society. Dr. Alsberg is a graduate of Columbia. He has studied at Strasburg.

Editorials from Medical Journals

Coughing in Public.

From the Camden County Society Journal.

In recent years much has been said and written about spitting in public, and cities and States have enacted ordinances and statutes forbidding expectoration on the sidewalks or in public buildings and conveyances.

This result is due to the realization of the fact that such indiscriminate expectaration was a menace to the health of the people and a positive disseminator of disease. The conviction based upon positive evidence that consumption, particularly, was spread by this means, was largely the controlling factor in causing the crusade that has done so much to render the sidewalks and the floors of public buildings and public conveyances less disgusting to the eye and less a menace to health. But there is another element in the spread of disease that has not received serious public attention, and yet the immediate effect is more unpleasant and the possibilities of transmitting infection are greater than may result from expectorating on the sidewalk or the floor of a building or car. This is the individual who coughs.

It is true the sputum thrown off by an individual with an infectious disease, and deposited upon the sidewalk or floor may be a danger to others because it becomes dried, then pulverized by the attrition of the feet, and finally inhaled or swallowed; but after all, the most unpleasant features of this process are those last mentioned—we may inhale or swallow the other individual sputum in its dried form; but, after all, we may not contract the disease, because the vitality of the germs may have been destroyed before they reached the nostrils or mouth of the new host. But, in coughing, infectious material is forcibly thrown off from the mouth, the throat or the lungs, and is in a condition of active virility, because it has passed through no process that would destroy or lessen its vitality; and, propelled into the face or upon the clothing of a person, becomes an instant source of danger. In every act of coughing, particles of mucous are thrown from the mouth, and may be propelled several feet. In some instances these particles are visible, and yet they may be invisible, depending upon the light conditions—but whether visible or not, they are a menace to all in the vicinity of the individual who expels them. There can be no doubt that the coughing and sneezing that attends many diseases—as consumption, scarlet fever, measles, diphtheria, etc.—are the chief agencies in their transmission to others, as the germs in their most active state are thrown broadcast, in private and in public.

It is an interesting—but disgusting—study, to observe the coughing individual. He may be standing talking to you, yet he scarcely moves his head when he coughs, and you are sprinkled with the fine particles of sputum noted above. If you are in a car, theatre or hall, and the individual sitting immediately behind you has occasion to cough, he does so in a manner that permits you to receive the effects in the back of the neck. At the table, he will not only cough over his own food, but also over the food you had hoped to eat.

In divers others ways so many individuals

eal their lack of appreciation of the seri-sness of indiscriminate and inconsiderate ughing; and thus thoughtlessly or indifferent- they become the disseminators of disease; d are really a greater menace than the pub- spittor, though apparently the people are aware of this truth.

As a result of certain diseases, coughing be-mes unavoidable and necessary—just as spit-g is—but the act can be performed with due nsideration for the comfort and safety of hers. No doubt much of the carelessness served by those who cough is due to ignor-ce of the fact that it may be a source of nger to others; but, on the other hand, one ould think that anybody would realize it is t nice to cough in the face or on the neck another, or even to cough over their own od, and then eat it. But, if it is necessary at instructions should be given in these mat-rs then the sooner it is done the sooner will ere be less contagious diseases to combat.

He Never Asked a Fee.

From Clinical Medicine, November, 1912.

The newspapers are eulogizing the memory Dr. Joseph Dawson, who died in Wauconda, linois, about two years ago. At last a sum money is being raised, by popular subscrip-on, to provide a monument for the now un-arked grave of this physician; his foremost aim to immortality seemingly being, in the apers at least, that "he never asked a fee."

We learn that Dr. Dawson had a large prac-ce, that such money as he received he gave eely to charity, keeping enough only for his tual necessities, that his past was a closed ook to which he would never allude, and that e was the best-loved man in the scene of his tivity.

It is evident that Dr. Dawson had fine qual-ies that naturally and properly endeared him his patients; yet, is it not highly probable at one of his greatest attractions was that e gave them something for nothing? If a an should appear in your town—an average own without very rich or very poor—who ould distribute groceries to all comers, we an readily imagine that he would be pretty opular; so, also, the individual who would hand ut candy free to the children would be firmly ntrenched in their affections. But would that e just to other people selling groceries or con-ectionery, who had clothing to buy, children educate, and homes to pay for?

Free service is wrong-minded service. The ervant is worthy of his hire. No honest ef-ort, no matter however small, should be un-equited. And, while love and gratitude are ear to our hearts, they alone can pay no bills—ot even that of the gravestone maker.

The people should be disabused of the idea hat the practice of medicine is a form of char-y of which they are entitled to be the re-ipients. Men like Dr. Dawson, good-hearted nen, are perpetuating that idea. So is every octor who permits his bills against creditors o accumulate and remain unpaid.

Medicine invites us to a life of heartbreaking nd unending toil, requiring more scientific nowledge of human nature and its foibles and ollies than any other profession. In the eter-al fitness of things, it should be better re-quited than most other occupations—instead of being one in which payment for services ren-dered may be "indefinitely postponed."

Thoughtfulness of others, tenderness to those in distress, consideration for those in financial difficulties, and charity to the poor are quali-ties which every true physician should cultivate; but a scheme of life which pauperizes ourselves and others is economically unsound and moral-ly unjust. If your services are not worth a rea-sonable price, get out of the profession. If they are of value, demand commensurate rem-uneration, just as your grocer, your architect or your banker does.

Don't, I beg of you, cheapen yourself by cut-ting prices. Professional bargain-making is an-other form of charity and as disastrous to him who gives as to him who receives. With the other physicians of your community you should establish a fee-rate which is fair to you, fair to other doctors, and fair to those who have the bills to pay. Stick to that fee-rate and de-mand your money from those able to pay—and get it.

Also, when someone within your hearing eu-logizes some kindly but slipshod doctor who has gone through life without collecting the thou-sands of dollars that he had earned, and as a result is going without books, journals, instru-ments, office-equipment and post-graduate courses which were absolutely necessary to make his work high-grade—also probably leav-ing debts to be liquidated and a widow to take in washing—put the thing to these people in its right light.

What other business man is proud of his business laxity?

Editorials from the Lay Press.

Heart, Liver and Appendix on Wrong Side.

From the N. Y. Tribune, Dec. 10th.

The remarkable case of the organs of a hu-man body being transposed was discovered by Dr. C. W. Field, assistant professor of patho-logy in Bellevue Hospital, Dec. 9th, when he performed an autopsy on the body of Michael Manning, thirty-two years old, a laborer, who died in that institution on Sunday.

The autopsy disclosed the heart on the right side, the large, or cardiac part of the stomach on the right side, its normal position being below the heart; the appendix on the left side, the liver on the left side, the spleen on the right side and the lungs, which, when normally constructed, contain three lobes in the right and two in the left, having two lobes in each. The construction of the lungs, Dr. Field point-ed out, was not unusual.

Realizing the anatomical and pathological importance of his discovery, Dr. Field sum-moned all the physicians of Bellevue Hospital and several from neighboring institutions. More than sixty members of the medical profession studied the case.

Dr. John McAllister, demonstrating profes-sor in operative surgery in Bellevue Hospital, who has been associated with the institution for twenty years, declared that during that time no case of a similar nature had been brought to the attention of the surgeons and physicians of the hospital.

Regarding the transposition of the organs Dr. Field last night said:

"Aside from the phenomena presented by the general transposition of the organs, an anatomical anomaly in the relative positions of the large vessels of the heart was also found. The pulmonary artery, instead of crossing above the aorta, as is the normal construction, passed beneath the aorta. The reversal of the relationship of the two vessels in this case was due to the heart lying in the right side of the chest.

"All organs were structurally normal, but, in some cases diseased conditions were found."

Dr. Field pointed out the difficulty of a clinial diagnosis in the event of appendicitis, a heart affection or gallstones that would result in the case of a person whose organs were transposed. If the X-ray were not resorted to in such a case, he said, the diagnosing surgeon would be in a quandary.

Manning was taken to Bellevue Hospital late Saturday night. He was examined by the staff physicians. His case presented symptoms of pneumonia, but later contradictory symptoms were found. The case was a puzzling one. Manning rallied early Sunday morning, but later in the day suffered a relapse and died.

Dr. Otto Schultze, for fourteen years associated with the medical staff of Bellevue Hospital, declared the case and the transposition of the organs one of the most remarkable that had come under his notice.

The Bacterial Count.

From the Newark Evening News.

Perhaps nothing is more needed in the effort to secure clean milk in Newark than larger facilities for bacterial analysis.

Milk in the udder of a healthy cow is sterile. Bacteria are introduced in the process of milking or subsequent handling, and finding themselves in a favorite culture medium, grow with amazing rapidity if the milk is warm, although at low temperatures their multiplication is practically prevented.

Uncleanliness, high temperature, age; one or all of these is therefore indicated by a high bacterial content in milk. The indication is not only unerring, but it is the only one we have. Nevertheless, the limitation of the bacterial count are very patent. It is to be remembered that in making this analysis, only an infinitesimal portion of the milk is used, a thousandth or a ten thousandth of a cubic centimeter, and a cubic centimeter is only half a teaspoonful.

Bacteria are not evenly distributed through a volume of milk, so that the sample may have been from a part of the whole that contained fewer or more of these micro-organisms than the average of the entire volume. Errors in manipulation sufficient to vitiate any single analysis are also entirely possible. Any one of a hundred things may happen, in fact, to prevent a given analysis from accurately giving the quality of the milk in question. Such an analysis is never to be accepted as final.

It is only as several examples of the same milk are analyzed from week to week that an unerring indication of the product of any dairy or dealer is to be arrived at, and no city which does not go into the matter thus thoroughly is able to handle the milk situation properly. An immense volume of milk from thousands of sources comes into Newark every day, and is dispensed by nearly two thousand dealers. To intelligently control this supply in the interest of the public health its bacterial content must be ascertained at regular intervals. The utter impossibility of this under existing conditions is quite apparent when one is informed that it is now possible to analyze but twenty-two samples of milk a week at the city laboratory. This is totally inadequate. So far is it from yielding definite information that it may be prolific in misinformation. Action based upon it is likely to be unjust either to the milkman or the consumer. The situation is only to be met by regular bacterial counts of the entire milk supply, a work more than sufficient to employ all the time of a competent bacteriologist.

"Does God Fix the Death Rate?"

From the Evening Times, Bayonne.

A broad-minded clergyman in his Tuberculosis Day sermon propounded this question and reached a conclusion decidedly negative. "God does not fix the death rate." Who does then? We all do.

Those theologians aid big death rates who ignore the demonstrated facts of preventage disease and seek to perpetuate the medieval superstition that infections are the Almighty's merited scourge. Laymen who flout the scientific proof that tuberculosis is curable and can be eliminated from human experience, or who disparage a tuberculosis propaganda as of no personal concern to them, help to cause the death of a consumptive every three minutes in the United States. Councils and Legislatures which will not appropriate funds sufficient for the fight which health boards would wage against the Great White Plague are largely responsible for the death of ten thousand a year, twenty-seven deaths every day, in one city alone. Those who disregard anti-spitting ordinances and the like help to send the death rate upward. Housewives, whose culinary efforts produce dyspeptics directly, and drunkards indirectly, give far more impetus to the upward trend of the death rate than most of us imagine. Venders of "patent medicines" and consumption cures who fleece their victims until the latter have passed far beyond the incipient stage in which physicians could have helped them—such nostrum-fakers have a full share of responsibility for the thousands on thousands of deaths from tuberculosis throughout the country. Those who draw profit from feeding the poor on adulterated food, "rots and spots," and fowls dead in storage several years back, have a similar responsibility for the high death-rate.

A "league for medical freedom" organized to prevent the wise centralization and co-ordination of health activities and to oppose the inspection of schools and schoolchildren likewise helps to keep the death rate high. Those who overwork women and children in factories have a heavy share of responsibility for holding the death rate at a high level; so also do those employers who require men to work at dangerous trades under intolerable conditions, such as those which in some trades hold the consumption rate above 80 per cent. House owners who provide dark, insanitary, pest-ridden tenements have no little part in increasing the death

rate. The Christian Scientists and other faith "healers" who close their eyes to the possibilities of material aid, that may often so potently be added to the psychoterapy they are employing, swell the death rate. Well-meaning mothers, who believe that they are able to bring up their children in defiance of the new-fangled notions of hygiene spread by physicians and visiting nurses, help to keep the death rate high. Most important of all, says The Journal of the American Medical Association, incompetent and careless doctors swell the death rate. For these the medical profession is directly responsible, whether they are untrained men turned out by low grade medical schools, or members of the profession who have failed to keep up with scientific progress and wave become incompetent through inertia and laziness. All these, by their carelessness, indifference and ignorance, increase the death rate, which competent and conscientious physicians, sanitarians and reformers are fighting to lower.

We have not the right to blame a cruel deity for deaths which are actually due to crass stubborn ignorance, inhumanity and the refusal to exercise the "common sense which is also an inspiration from the Almighty." A weeping mother told a famous physician that it had pleased Providence to take her baby from her. "Providence had nothing to do with the matter" replied the physician; "it was bad milk that killed your baby." We cannot escape some share of the point reponsibility of fixing the death rate, but we can choose to be on the side of the forces that are bringing it down instead of those that are sending it up.

Perverted Sympathies.

From the New York Tribune.

Dr. W. W. Keen, the noted Philadelphia surgeon, strips the anti-vivisectionists clear of their reputation for sensitive tender-heartedness in what he has to say about them in another section of to-day's Tribune. The general conception of them has been that they are persons of such refined sympathies that the thought of animal suffering is unbearable to them. This idea is strengthened by the fact that the majority of them are women. But would a person of really gentle nature and delicate sensibilities write the letter which Dr. Keen received from an anti-vivisectionist source and which expressed this pious wish:

I hope your mother, if she is living, will die in the most terrible torture; and if she is dead that her soul will never know rest for having given life to such a vile monster as you.

In this letter Dr. Keen was addressed as "Arch Fiend," and it was written because he had ventured upon a defence of vivisection on the ground of its usefulness to humanity.

The expression of such sentiments as those, and Dr. Keen produces many equally violent and heartless, must give any one pause who is inclined to feel sympathy with the anti-vivisectionists on account of the sensitiveness of their natures. It is not delicacy or refinement or a shrinking from the knowledge of suffering in its various forms that inspired the violent utterances that Dr. Keen has collected as illustrations of "The Influence of Anti-Vivi-section Upon Character." Dr. Keen says that the anti-vivisectionists' possession by their single idea has made them cruel. And he seems to prove his case. But cruel or not, they are far from the soft-hearted creatures unable to bear the thought of a fly's unnecessary death that the public is inclined to imagine them. Theirs is a strange perversion of the natural instincts; for with all the to-do they make over the occasional suffering of animals through experimental surgery they are totally indifferent to the sufferings of their fellow beings from disease, which animal experimentation aims to and does relieve.

Therapeutic Notes.

Bacteriuria.

Formini, ʒijss
Potassii Citratis, ʒv
Potassii Bromidi, ʒijss
Tinct. Hyoscyami, f ℥j
Fl. Extr. Tritici, f ℥jss
Glycerini, f ʒiv
Syr. Aurantii, ad. f ℥viij
M. Sig.: Dessertspoonful in a glassful of water three times daily.

Bronchitis.

Vini ipecacuanhæ
Sp. ætheris nitrosi, aa m lxxx
Liq. ammonii acetatis, ℥ I
Aquæ cinnamomi, ad ℥ II
Teaspoonful every two hours. (Early stage in young children).

Ammonii chlorid
Terpin hydrat, aa ʒ I
Heroin, gr. ss.
In capsules No. XXIV
One or two every two or three hours. (In second stage).

Ammonii chloridi, ʒ II
Sodii salicylatis, ʒ II
Tr. hyoscyami, ʒ VI
Mist. glycyrrihizæ co. ad ℥ III
Teaspoonful every three hours. Shake!

Sodii iodidi, ʒI ss.
Codeinæ sulphatis, gr. v
Fl. extx grindel, ʒ VI
Aquæ, ʒ IV
Syr. Tolu, ad ℥ III
Teaspoonful every three hours. (In the aged).—Critic and Guide.

Burns.

Balsam of Peru, ʒx
Picric acid, grs. vij
Paraffin, ℥ij
M. Fiat unguentum.

Diphtheria—Cardiac Failure in.

The action of the toxin on the heart muscle is the chief cause of cardiac failure in diphtheria, and is usually due to delay in the administration of antitoxin. The most serious type is that marked by persistent vomiting. This must be carefully differentiated from vomiting caused by the onset of superadded scarlet fever or measles, and from the vomiting which is sometimes associated, for a few hours, with the

commencement of the serum reaction. The probability that the vomiting has its origin in cardiac failure is indicated, says Dr. E. F. Coghlan (Brit. Med. Jour. No. 2671) by severity of faucial attack, complicated by involvement of the naso-pharynx and palate; by an increase in the pulse-rate out of proportion to the rise in temperature; by the presence of the extra-systole with or without a consecutive intermission of the heart's action, or by reduplication of the first sound followed by accentuated sound; by anginoid pains, intermittent pains in the left arm, and pains which are relieved by hot applications to the precordial region; by great decrease in the secretion of urine; and by enlargement of the liver. All food by the mouth should be stopped and nutrient enemata administered, the rectum being irrigated twice daily with warm boracic acid solution to avoid irritation. The head should be low to prevent cerebral anemia, while the foot of the bed should be raised to help retention of the rectal feeds. Patients become restlss and throw off the bed-clothes; they should therefore be warmly clad. The following should be administered hypodermically every four hours:

Atropine sulphate, gr. 1/100
Strychine hydrochloride, gr. 1/100
Adrenalin chloride solution (1 in 1,000), m. 5
Aq., ad. m. 10

All purgatives are contraindicated. Thirst may be met by the administration twice daily of small enemata of normal saline solution. Teaspoonful doses of iced water may be allowed as soon as the vomiting ceases. The patient will seldom escape some degree of post-diphtheritic paralysis.—Critis and Guide.

Ear-Noises in—Treatment of.

Dr. K. Wittmaack, in Deutsche med. Woch., Berlin, comments on the necessity for determining the cause of the tinnitus for effectua treatment. It frequently happens that the measures applied especially such as influence the circulation in the internal ear aggravate the tinnitus, and measures directly oppposite may prove effectual. When the noise is heard rhythmic with the pulse, the hearing intact, the sound is generally the perception of some arterial murmur at some point in the body. Treatment of the circulatory tinnitus should be primarily addressed to the cardiovascular apparatus or the blood in general. Neurasthenic noises require entirely different measures. He has found it useful to divert the patient's attention by a rushing brook or a loud ticking clock or other mechanical device to overtone the neurasthenic tinnitus. The outlook is bad when these two forms of tinnitus are combined. With organic disease of the ear, sedatives, bromids and valerian may prove useful; they are most effectual in the neurasthenic tinnitus and that due to changes in the nerve terminals. In the latter case potassium iodid, systematic sweats, arsenic or thyroid treatment may have a favorable action. Measures to divert the blood by hot foot-baths and sitz baths or to induce a hyperemic reaction by massage, superheated air, electric measures, etc., sometimes prove effectual symptomatic measures, as also lumbar puncture. In extreme cases operative destruction of the labyrinth may be considered. It should always be borne in mind that a number of actors may co-operate in the tinnitus.

Enuresis—Nocturnal.

Dr. John Ruhrah, in the Amer. Jour. Med. Sciences, says:

Among the more interesting of the newer suggestions, as to treatment are the results of Williams in treating these cases by the use of desiccated thyroid. His cases had subnormal temperature and evidence of thyroid insufficiency, and he obtained wonderfully satisfacory results in all except one case, and in this case the child did not have a subnormal temperature. Williams gave one-half grain of the dried thyroid twice daily to children between two and six years of age and this may be increased for older children. The increase in dosage should be made slowly as directly opposite effects are occasionally induced by overdosage. Ruhrah has used this method and in a small proportion of cases in which there were more or less marked signs of thyroid insufficiency, the results were quite remarkable. These were children with adenoids and enlarged tonsils, or in some cases, children in whom the adenoids or tonsils had been recently removed. In his cases the effect was obtained promptly or not at all. In every case in which a favorable result was obtained, a marked difference was noticed after the administration of one or two doses of the drug, and in all cases within a week. Another remarkable observation coinciding with that of Williams' is that the undersized children gained weight rapidly. When there is no other indication for treatment he has found the use of atropin to give better results in a greater number of cases than any other one thing, and to be of any service it must be given in full doses. In nocturnal cases a dose at five o'clock and at bedtime is all that is required. In cases occurring both during the day and night the drug is advised every three hours. He usually prescribed one grain of atropin sulphate in two ounces of water, each drop containing about 1-1000 grain, and usually as many drops will be required as the child is years old. The proper method of dosage, however, is to start with one or two drops, increasing each dose one drop at a time until flushing of the face and neck occurs some twenty minutes after taking the drug. The dose should then be diminished one drop, and thus amount continued until the child has ceased urinating at night and for at least two weeks later, when the drug may be dropped gradually, diminishing a drop at a time until one drop is reached when it may be stopped.

Gallstones—Medical Treatment of.

According to P. Mayer, in Lancet, June 1, 1912, sodium salicylate is the only drug really valuable in the treatment of cholelithiasis. He gives it in doses of 8 grains in combination with 1/8 to 1/4 grain extract of belladonna, dissolved in warm water, two to four times a day. He does not think that its value resides in cholagogue properties, but is due to its influence on the inflammation. The best results are therefore obtained in acute and chronic cholecystitis, rest in bed and hot compresses being necessary adjuvants. The use of oil, in his opinion, improves only the simultaneous

colitis and constipation which frequently complicate cholelithiasis.

Gastric Fermentation.

℞ Sodi salicylatis, ʒiss.
Bismuthi subnitratis, ʒj.
Pulv. sacchari, gr. xxx.
M. fac pulveres xxx.
Sig.: One after each meal.—Memphis Med. Monthly.

Icterus Neonatorum.

Wiederhofer recommends the following for the pyemic jaundice of the newborn:—

℞ Quininæ sulphatis, gr. iss.
Acidi sulphurici dil., m iij.
Syrupi aurantii, ʒiiss.
Aquæ destillatæ, q. s. ad ℥iiss.
M. et ft. mist.
Sig.: A teaspoonful every two hours.—Prescription.

Leukemia—Benzol in.

Prof. A. V. Koranyi reports (Berl. klin. Wochen., July 15, 1912), to have obtained good results in leukemia from the use of benzol, 3 to 4 Grams (45 to 60 grs.) daily. The case that he reports as an example in the preliminary communication showed 173,000 leucocytes on February 23. Under the influence of benzol the number gradually diminished until on May 12 they numbered only 12,000. Later on the number went down to 8,000 and remained unchanged after the treatment was discontinued.

Meningitis—Acute Treatment of.

Dr. T. Silvestri, in Gazetta degli Ospedali e delle Cliniche, Milan, reports a favorable outcome in very severe epidemic meningitis in a girl of 15 and a young man whom he treated by keeping them constantly under the influence of bromids and calcium lactate supplemented by chloral and morphine, ice to the head and revulsion along the spine. This treatment was based on (1) his success with it in a case of puerperal mania, one of typhoid delirium and in two children with convulsions and high fever; the morphin was omitted for the children; (2) on Stroganoff's success with his prophylactic chloral treatment of eclampsia, and (3) on the research and experiences which have shown that inflammation is prevented or checked by arresting with an anesthetic the reflexes starting in the focus of inflammation. The calcium lactate was selected for its sedative action on the innervation of the vegetative system, its restoring action on the central nervous system, its harmlessness, its efficacy in treatment of convulsions in general, and its prophylactic action in respect to poisons causing contracture, and its property of arresting the production of effusions. The girl had four relapses of the meningitis in the five weeks before convalescence was complete. The young man rapidly recovered but was left with otitis media from which a diplococcus was cultivated.

Nephritis—Chronic and Uremic Convulsions.

Dr. C. F. d'Artois-Francis, in a communication to the Med. Record, refers to an article by himself in another Journal on this subject in which he stated that albumin and casts are lessened, edema is overcome, the retained phosphates and chlorides are thrown out, they being irritants to the kidney, blood pressure is lowered, and the symptoms are mitigated by the use of sodium carbonate; and convulsions are stopped by the use of lime water in the rectum, the calcium quieting the nervous system. He adds: "The treatment of nephritis with sodium carbonate has been tried by German and American authorities with success, but credit has not been given to the originator—myself."

Oliguria Treated with Urea.

Dr. G. Picot, in Jour. d'Urologie med. et Chirurg., Paris, reports three cases in which the extremely deficient secretion of urine was restored to normal proportions by administration of urea. The diuretic action of urea seems to depend on the dose. He gave 25 gm. of urea in a glass of milk slowly sipped. This dose induced pronounced diuresis. He gave it to one patient with much uremia as a prophylactic measure before an operation on the kidney. In another case there had been anuria for seven days but it was conquered by the urea. All of the patients presented signs of uremia; it was calculated that one had 4.10 gm. of urea in the blood, another 0.7, and yet none was harmed by the intake of more urea and all showed marked benefit from the diuresis induced. The dose was repeated the second day in the last case. As a preliminary to an operation, this urea treatment seems promising to him.

Ozena—Insufflation for.

Menthol, gr. viiss
Ammonium chloride, ʒss
Boric acid, ʒii
Pulverized talcum, ʒiiss
Iodine, gr. iss
M. ft. pulv.

Pruritus and Itching Diseases.

Dr. J. L. Bunch, in the Practitioner, London, reports good results from the following lotion:

℞
Phenolis, ʒi,
Glycerini, ʒij,
Liq. picis carbonis, ℥i,
Aquam, ad., ℥viij.

The following mixture is also recommended:

℞
Chloralis hydratis, ʒi,
Camphoris, ʒi,
Spt. coloniensis, ℥i,
Aquam, ad., ℥viij.

If there are many abrasions, it is better to use a weak solution of cocain or eucain, in combination with liq. plumbi subacetatis. A paint of methylene-blue, 4 grains to the ounce, is sometimes successful, combined with pills containing one grain given night and morning, and although it turns the urine blue, this does not matter if it does not contain sugar. In localized pruritus, ointments, sprays, paints and varnishes have a much larger field of usefulness than in generalized pruritus, and these are usually made up with cocain, chloroform, aconitin or carbolic acid. When a localized pruritus proves resistant to such external applications, a

rapid application of the actual cautery to the most irritating areas often causes great amelioration of the symptoms.

Pertussis—Treatment of.

Dr. Althoff, in Munchener med. Woch., says that he has now gone through two epidemics of whooping cough in which he obtained distinguished success with a combination of sedatives in association with other measures such as mustard baths and menthol embrocations over the spine. The sedatives comprise chiefly antipyrin, heroin, and sodium bromide. This management, however, must begin during the initial catarrhal stage to be efficacious, and it then operates by curtailing the duration of the second or spasmodic stage. The child receives three mustard baths in daily succession at the outset. A quarter pound of mustard of medium strength is used in a general tub bath, naturally to antagonize the bronchitis. The dorsal inunctions of strong menthol ointment are given three times daily. In addition to the sedatives already enumerated the author also prescribes ipecac and aristolochia.

Pulmonary Edema.

Many a "doomed" case of pulmonary edema, from heart disease, acute pneumonia or nephritis gives the lie to a fatal prognosis, if you know how to utilize powerful and repeated subcutaneous doses of the double salt of caffein, or a few big doses (10 to 15 minims) of a good fluid-extract of digitalis, or strophanthin intravenously with or without good hypodermic doses of camphor in sweet almond oil, or big doses of musk or sufficient doses of a nitrite. Only those of us who do not know what medicine can do deny their efficacy.—Jacobi.

Sweating of the Armpits.

Bathe with weak vinegar and apply the following dusting powder on a gauze pad:

Salicylic acid, grs. xx
Starch. ʒij
Powdered alum, ad. ℥iss

For internal treatment, give precipitated sulphur in dram doses once a day in milk.

Warts.

Paint four times a day with the following:

Resorcin, dr. 1
Tinct. saponis viridis, dr. 10

In a few days the warts disappear. Whether the internal administration of arsenic has any value in warts is questionable

A painless method of removing warts, and that without disfigurement, is described by Dr. A. B. Gates, of Boston. A wart consists histologically of a fibrous stroma, containing in its meshes blood vessels and lymphatics and covered with epithelium, which corresponds to the type of tissue in which or from which it grows. Wherefore, any agent that will destroy the vessels feeding this growth, without at the same time injuring normal tissue, will effect a cure. The agent that will do this with no injury to the normal tissue, with no pain to the patient and with good cosmetic effect (leaving no scar) is ethyl chloride. This agent coagulates the blood in the vessels supplying the wart, thus shutting off its nutrition; the wart shrivels up and drops off. A pledget of sterile cotton is wet in cold water and drawn out in a tape long enough to surround the wart and broad enough to protect the skin for half an inch or more beyond the margin of the wart. Then a fine stream of ethyl chloride is played over the wart until it is covered with frost—and no longer. Should the adjacent skin be frozen, we take another pledglet of cotton wrung out in cold water and rub gently but vigorously with it. One or two applications at intervals of a week will make most warts disappear; the same is true of moles and angiomas.

Sterilization of Instruments.

The best way of sterilizing instruments is to boil them in slightly alkaline water. This prevents their rusting. A little bicarbonate or carbonate of either potassium or sodium will answer the purpose.

A Means of Emptying the Bladder.

Dr. Edward Anderson in the Charlotte Med. Journal, emphasizes the fact that the bladder, when partially paralyzed from parturition, or any other cause, can always be made to empty itself perfectly by throwing a large amount of very warm water into the bowel, thereby doing away with the necessity of using a catheter—a most important consideration, particularly when the patient lives at a distance from the doctor. After difficult and protracted labors I have been obliged to use the catheter every day for weeks at a time, which was annoying to the patient and inconvenient to myself. Since using the above recommended plan I have had no trouble in this direction, the bowel and the bladder emptying themselves at the same time.

Drug Eruptions.

A number of drugs in common use produce a characteristic eruption, and these should always have careful scrutiny by the physician lest they be mistaken as an original disease.

Here is a list of commonly used drugs which at times produce eruptions, itching, eczema, and other manifestations:—

Bromide of potassium: Papules, pustules, ulcers, ecchymoses, and pemphigus.

Chloral: Erythema, itching, desquamation, eczema, and petechiæ.

Copaiba and cubebs: Pemphigus, erythema, and eczema.

Aconite: Vesicular exanthemata.

Arsenic: Erythema, papules, vesicles, and sometimes pustules.

Iodid of potassium: About the same as arsenic, but more marked.

Mercury: Erythema and eczema.

Morphine: Erythema, papular eruption, and sometimes desquamation.

Phosphorus: Purpura.

Quinine: Erythema, eczema, hemorrhagic purpura, pemphigus, and sometimes a typical urticaria with dyspnea.

Rhus toxicodendron: Vesicles, pruritus, and redness and swelling of the skin.

Salicylic acid: Purpura, pemphigus, and vesi-
ar angina.
Santonin: Vesicles and pemphigus.
Belladonna, strychnine, and stramonium may
oduce about the same dermal manifestations
quinine, while turpentine produces an erup-
n like that of copaiba.—The Medical Stand-
d.

Medico-Legal Items.

Practice of Medicine Defined.

The Supreme Court of Missouri has recently
nded down a decision defining and establish-
the line of demarcation in medical practice.
e decision is in the case of one George F.
ith, who was charged with practicing with-
t a license. The statute thus for the first
e clearly construed by the higher court
ds as follows:
"Section 8311. It shall be unlawful for any
rson not now a registered physician within
meaning of the law to practice medicine or
gery in any of its departments, or to profess
cure and attempt to treat the sick and others
icted with bodily or mental infirmities, or
gage in the practice of midwifery in the State
Missouri, except as hereinafter provided:
"Section 8312. The State Board of Health
all have general supervision over the registra-
n of all practitioners of medicine, surgery and
dwifery in this State."
Section 8313, which is extended at some
gth, provides that all persons who desire to
actice medicine as provided in Section 8311
all appear before the State Board of Health
a stated time for examination; shall furnish
rtificate that they have passed a grade exam-
ation in an accredited school, and shall also
nish satisfactory evidence of having received
diploma from some reputable medical college
four years' requirements at the time of grad-
tion. This is the gist of the section. In rul-
g the court said: "The practice of medicine is
t confined to the administration of drugs; nor
surgery limited to the knife. When a physic-
n advises his patient to travel for his health
is practicing medicine. Broadly speaking,
e is practicing medicine when he visits his
tient, examines him, determines the nature
the disease, and prescribes the remedy he
ems appropriate."
This intelligent construction of the statute by
e highest court in the State should be a source
extreme gratification to the people and the
edical profession of Missouri; both are de-
rving of protection from the class of swind-
rs who play on the miseries of mankind and
ade on their distresses, while at the same
ne they attempt to discredit and strive to de-
at the high purposes of the medical guild.

ysician Claiming Privilege not to Answer.

In an action for a negligent death, a physi-
an testifying for the defendant was asked to
ate what he had treated the decedent for some
e or six years before the accident. He re-
sed to answer, claiming that it would be im-
oper to disclose information acquired by him
his professional capacity. The trial court de-
ned to compel the witness to answer unless
there was an express waiver by the plaintiff. No express waiver was made and the question remained unanswered. The New York Appellate Division held that while it was true that the privilege claimed by the physician did not belong to him, but to the patient, who could have waived it, and though technically the physician was claiming a right which he did not possess, yet the refusal of the court to compel him to answer was not reversible error where it did not appear that the evidence sought was material to the question to be determined.—Trieber v. N. Y. & Q. C. Ry. Co., 134 N. Y. Supp., 267.

Testifying as to Effect of Condition.

On the cross-examination of a medical expert witness it is permissible for the purpose of testing his skill and accuracy to ask the witness pertinent hypothetical questions, based on facts having no foundation in the evidence. A plaintiff in a street railway accident had testified that she had sustained certain nervous disorders. A physician who treated her was introduced as a witness by her, and on direct examination testified both to facts relating to her injuries within his knowledge and to matters of expert opinion. On cross-examination he was asked such questions as, assuming that the plaintiff had had fainting spells prior to the accident, and that she had had an attack, or had been suffering for some time before the accident from gallstones and that her complexion was very yellow, if he could tell as a physician whether or not that condition might in any way affect her nervous system. It was held that such cross-examination was admissible.—Conway v. Metropolitan Street Ry. Co. (Mo.), 142 S. W., 1101.

Liability of Sellers of Unwholesome Food at Public Eating Houses.

The Supreme Court of Louisiana affirms a judgment for damages for the plaintiff, who alleges that he was ptomain poisoned from having eaten cakes and chocolate with whipped cream at the defendant's confectionary where refreshments were served to the public. The court holds that a seller of food, such as chocolate and cake sold at a public eating place, is presumed to know any unwholesome condition of the food, and is liable for damages to a purchaser through being made ill on account of unwholesomeness. It is common knowledge, to which the keeper of a public eating place must be held, that food in which the process of decomposition has begun is liable to make the person who eats it ill. Indeed, the court does not think that there can be any serious difference of opinion on the point that an eating establishment which sells unwholesome food to be consumed by its customers must be held to have contemplated the probable effects of such tainted food on the customer. The measure of damages sustained by a purchaser of food, who is made ill through its unwholesomeness, is not merely reimbursement of the price, but all damages that were foreseen or could have easily been foreseen as likely to have resulted, through the seller's knowledge of the unwholesome condition. One hundred dollars was not an excessive award to a purchaser of food for illness resulting from ptomain poisoning caused by unwholesomeness of the food, where he

suffered intense pain, believed for two hours that he was in danger of death and suffered an attack of jaundice in consequence.—Journal of the A. M. A.

Hospitals and Sanatoria.

City Hospital, Atlantic City.

This hospital on Thanksgiving Day received contributions amounting to $163, and a large number of gifts of provisions.

Monmouth Memorial Hospital.

of governors recently, by Mrs. T. H. McCarter, of Newark.

Mr. T. R. Wooley, president of the board said that he would fit up a children's ward at his own expense. Mr. C. A. Wimpfheimer, of New York, will contribute a vaccuum outfit. He has just met the cost of installing an elevator and improving the walks about the grounds.

The hospital will appeal to township officials and nearby municipalities to include in their budgets for 1913 an appropriation for the institution. At present Long Branch, Asbury Park and Bradley Beach contribute a total of $600, while the disbursements of the year amount to more than $25,000. The Board of Freeholders appropriates $10,000 to help meet the expense.

Muhlenbergh Hospital, Plainfield.

Dr. W. H. Murray, president of the Plainfield Board of Health, has appointed a committee to confer with the board of governors of Muhlenberg Hospital, with the idea of securing a place for the treatment of cases of scarlet fever and diphtheria, there being no such place in the city.

Municipal Hospital for Ocean City.

At the Thanksgiving service of the churches of Ocean City, a liberal sum was contributed as the beginning of a local hospital emergency fund. The city commissioners and the local pastors are working in concert to secure a municipal hospital.

Passaic Hospitals Receive Legacies.

The Passaic General Hospital will receive $200,000, and St. Mary's Hospital $20,000, under the will of Peter Reid, of that city, who died December 7th.

Morris County Tuberculosis Hospital.

Drs. Henry A. Henriques, Morristown, Abram E. Carpenter, Boonton and Alexander J. Carroll, Dover, have been appointed members of the board of manaegrs of the County Tuberculosis Hospital.

It is reported that instead of being merely a county institution, the tuberculosis hospital near Morris Plains may be taken over by the State, enlarged beyond the scope of the original plans and used as a State hospital, supplementing that at Glen Gardner. It is understood that the State Board of Health is considering the matter and is evolving a proposition to make to the County Board of Freeholders.

Riverside Hospital.

Theophilus J. Zurbrugg, of Delanco, N. who died in November, by his will set asi $250,000 as a trust fund for a non-sectarian ho pital at Riverside. Dr. Alex. H. Small w made one of the trustees of the fund. T trustees are given authority to at once exper at least $100,000 for the purchase of land a erection and equipment of a building. The fu remaining after the institution has been esta lished is to be invested as an endowment.

State Hospital, Morris Plains.

The big feature of the Thanksgiving D celebration at the State Hospital at Mor Plains was the dinner served to the more th 2,300 patients in commemoration of the uniqu ly American festival. The mammouth me consisted in part of 3,200 pounds of turkey, bushels of sweet potatoes, 6 barrels of cra berries and 130 mince pies whose individual d mensions were 12x18. Added to this we mounds of celery and other palate-pleasing si dishes.

The dinner was amply arranged for by t management carried out in its preparatory d tails by the culinary department of the hos tal and served under the personal direction the Medical Director, Dr. B. D. Evans, w saw that every patient received a full compl ment of the good things provided. The d light of the patients was visibly enhanced t the presence of Dr. Evans on the wards whe he weilded the carving knife with deftness a dexterity on as many of the well-browned bir as was possible of achievement by one pair hands.

The incidents of the day were climaxed t a high class vaudeville program. Dr. Eva opened the diversions of the evening with well times address in which he explained t origin of Thanksgiving Day among the Ne England settlers, leading on to its fixture an annual event and mentioning that the fir proclamation was issued by the immortal Li coln.

After the entertainment Dr. Evans stretch out the pleasures of the day and evening t announcing a dance until 11:30 in which t patients took part with their usual eagerne

Hospital at West Hudson.

The Stumpf Memorial Hospital Associati of West Hudson, N. J., has received a gift a house and land from Mr. Jacob Stumpf Harrison. The house will be rebuilt into modern hospital and the institution will be su ported by the residents of West Hudson.

Hospital Auxiliary, Washington, N. J.

A Conference on a plan to establish a Was ington auxiliary to the Easton, Pa., Hospit was held Dec. 12th, at Washington, N. J.

The local committee was appointed on su gestion of Mayor C. B. Smith, M.D., D F. P. McKinstry and Dr. C. M. Williams, re resenting the Washington Medical Society a was composed of three women each from t Presbyterian, Methodist, Baptist, Episcopal a Catholic churches.

The idea of the local auxiliary is to su

a bed in the hospital at a cost of $250 ar. Almost all hospital cases from Wash- on are sent to the Easton institution. The liary will be completed by the election of ers early in January.

Helps the Hospital.

he Atlantic City Daily Press, in urging the ens to aid the City Hospital and provide a $6,000 deficit which is hampering its work, :

tlantic City is well aware of what the Hos- l accomplishes for sick and suffering hu- ity. It is criticized of course. Some of criticism, perhaps, is justified, too. But ould be interesting to know just how many hose acts of omission or commission by Hospital which justify criticism are direct- r indirectly due to the meagre finances upon ch the institution is obliged to subsist and rate for many months in the year.

you want a better hospital it is up to you, Citizen. The size of your donation to- will indicate your appreciation of the Hos- l's work in the past and sound your desire a better Hospital.

Bonnie Burn Sanatorium.

he sanatorium—the tuberculosis hospital of on county—complete even to the minutest il, built at a cost of $200,000, was dedicated vember 18th. About 200 persons were pres-

he institution was turned over to Dr. Wil- H. Murray, of Plainfield, president of the rd of Governors of the hospital. Dr. Mur- in accepting the gift from the county, said curable cases would be segregated from the rable. The speaker asked the co-operation he people of Union county toward aiding hospital.

he institution is on the old Fullerton prop- of thirty-three acres and is in New Provi- ce Township, situated on a high hill with land sloping gradually to a brook, which des the property on the south. It is con- red an ideal spot for a tuberculosis hospi- There are seven buildings, four as dormi- es for patients, an administration building, rters for the help and the power-house, ch furnishes heat, water and light. All the mitories have a southern exposure. One of se built for those in the advanced stages of diseases, is so provided that the inmates tically sleep outdoors. The sanatorium can ommodate eighty and applicants will be ad- ted at once.

he superintendent is Dr. John E. Runnells. Norton L. Wilson, Elizabeth, is one of the -presidents.

idgewood Sanatorium Scheme Refused.

ermission to establish a sanatorium in Ridge- od by the Coots Sanitarium Company was used by the State Board of Health at a re- t meeting. The permit was sought by Miss ts, a New York nurse, who was at the head he company bearing her name. Residents Ridgewood opposed the sanatorium.

Marriages.

CORN—ROSENBERGER.—In New York City, December 14, 1912, Dr. David Corn, of Ridgefield Park, N. J., to Miss Fannie Rosenberger, of New York City.

SILK—RATNER.—In New York City, September 23, 1912. Dr. Charles I. Silk, of Perth Amboy, to Miss Cecelia Ratner, of New York City.

MARSH—PHELPS.—At Columbia, S. C., June 26, 1912. Dr. Elias J. Marsh, of Plainfield, N. J., to Miss Harriette L. Phelps.

Deaths.

BERGEN.—At Washington, N. J., December 22, 1912, Dr. Everitt James Bergen.

Dr. Bergen graduated from the New York University Medical College in 1877. He was one of the oldest practitioners in length of service in Warren county.

McGILL.—In Jersey City, November 28, 1912, Dr. John Dale McGill, aged 66 years.

Dr. McGill was born in Allegheny City, Pa., Dec. 23, 1846. His father, the Rev. Alexander T. McGill, D.D., LL.D., was at that time a professor in the Western Theological Seminary in that city. In 1854 the McGill family moved to Princeton, the father having been elected to a professorship in Princeton Theological Seminary. Dr. McGill received his education at Princeton College, being graduated in 1867. After completing his college course he decided to take up the study of medicine. He entered the medical department of the University of Pennsylvania and was graduated in 1870. He then went to Europe, where he took a special course at Virchow's Pathological Institute at Berlin and saw surgery at the Prussian military hospitals during the Franco-Prussian war. In the winter of 1871 he returned to the United States, located in Jersey City, began active practice and resided there ever since. He soon became one of the leading practitioners in the State.

He was appointed surgeon at St. Francis Hospital to succeed the late Dr. T. R. Varick. In 1887 he was made medical director of the hospital, which office he held for a number of years. The year previous he was appointed a surgeon on the City Hospital board. He had a wide reputation as a surgeon and medico-legal expert and was often called in court as an expert witness. During his long career in the medical profession Dr. McGill served many years as surgeon for the Pennsylvania, Lehigh Valley and Jersey City & Bergen Railroads. He was aso surgeon for the American Sugar Refining Company.

It was through Dr. McGill's efforts that a charter was secured creating the Academy of Medicine in New Jersey, of which body he was the president for years. He was also instrumental in organizing the Military Order of Surgeons in New Jersey, which order was the first one of its kind in the United States. He has always been a member of the Hudson County Medical Society, also a member of the Medi-

cal Society of New Jersey, of which he was elected president in 1901, and since 1902, he was a fellow and member of its Board of Trustees. He was also a member of the American Medical Association.

In 1873 Dr. McGill was appointed assistant surgeon of the Fourth Regiment Infantry, National Guard of New Jersey. Four years later he was promoted to be surgeon and in 1885 he was made a brigade surgeon. Governor Abbett the year following promoted the doctor to be Surgeon-General of the Department of New Jersey of the National Guard, which position he retained until a few months ago. During his incumbency as Surgeon-General Dr. McGill completely revolutionized the old methods and introduced the latest and most approved ideas in ambulance and hospital service, analogous to the methods in vogue in the United States Army. New Jersey was the first State in the Union to adopt this modern medical service in her National Guard.

But Dr. McGill had more than his medical practice to occupy his attention. Years ago he became a director in the Hudson County National Bank. In 1901 the board of directors elected Dr. McGill president. From the very beginning he made good. During his experience as a director he had gained a very thorough knowledge of banking tactics and when he became head of the institution he immediately began putting into practice his methods. He will be missed from the banking room. Almost every morning the doctor would be found seated in his favorite swivel chair absorbed in conversation. No matter how busy, he always found time for his interviewer. The doctor was frank and open in every statement, never hesitating for a word, never evasive. His voice was soft. But he was also a fighter, as one soon realized if he broached the banker-physican on some matter of particular importance, especially those relating to moral conditions in the county and the failure of grand juries to return indictments. But he was equally as ready to talk on any other subject, scientific or political, local, State or national.

But while Dr. McGill had more than enough to keep the ordinary man busy, in his medical practice and banking duties, he still found time for politics. In politics Dr. McGill was a Democrat. In 1879 he was elected a member of the Board of Education and served four years, half of which time he was president. In 1882 he was elected a member of the Board of Finance and Taxation. Two years later he entered the mayoralty race, but was defeated by a candidate nominated by the Citizens' Association and indorsed by the Republican party. While he was widely known as a physician and enjoyed a unique prominence as a banker he will always be best remembered by some Jersey City folk as president of the Police Commission under Mayor Hoos.

It was as Commissioner that Dr. McGill endeared himself to all law abiding citizens. His record in the Police Board was an unusual one. He was the unrelenting foe of vice, crime and criminals. Incidentally, the men of the Police Department hardly enjoyed any peace at all during the time they served under Dr. McGill, and he was looked upon as the terror of the force. Every one was prodded on to do better work because he never knew when the Doctor-Commissioner might swoop down upon hi and find him napping.

"I am neither a crank nor a professional r former, but I hold that laws were made to l obeyed, and I shall not only obey them m self, but I shall compel those over whom have official authority to obey them also," would say. "The decencies of life must be saf guarded in this community as long as I a in a position to enforce obedience to the law I am particularly opposed to the slightest to eration of those vices which corrupt and i jure the young—petty gambling, disorder houses, indecent shows and showbills, prurie literature and so on. I don't believe in show ing mercy to violators of the law in these ma ters. Another class of offenders that oug to be dealt with summarily are those who vi late the health ordinance. Every policema is an active deputy health inspector and is he in strict accountability for sanitary conditio on his post. He must not only take note of i fractions of the law on the street, but he mu inspect the back yards and cellars of the ten ment districts. Protection to public health ar protection to public morals go hand in han They cannot be separated. The community h a right to demand that the Police Departme shall afford protection in both respects."

When once asked what procedure he followe in the administration of the police departme Dr. McGill replied:

"The rule of absolute fairness and impartia ity. I place the public welfare above the tec nical rights, if you will, of individual public se vants in uniform. Every policeman, high low, in the department must do his duty—the can be no shirking that. But when a man pe forms his duty conscientiously he has nothir to fear. I want him to be as independent as am myself. Brave men are never eye server and the spirit of cowardly servility has no pla in the relations which should exist among fr and equal American citizens."

Dr. McGill once expressed this idea abo politics:

"Politics, like any other profession, must l learned by study and experience. Greenhorn no matter how honest they may be, are of r account until they have served an apprentic ship in the performance of official duties. have no patience with those reformers who a forever seeking to elect inexperienced busine men to responsible offices that require technic expert knowldge on the part of incumbent When one is sick he sends for a physician, n for a quack, and it should be so in dealing wi problems of municipal government."

Dr. McGill displayed his public spirit in a other direction, that of grand juryman. A foreman of the elisor drawn grand jury of year ago he, with the aid of the other jur men, returned true bills, where they felt tr bills should be returned, absolutely fearless how quickly some political boss might hast along to cut off their official heads. And wh he was not on the jury the doctor was alwa free in expressing his opinions of the differe panels.

But while he served on juries Dr. McG never approved of the method by which th were drawn, namely, by the Sheriff. More th a decade ago he launched the idea that t grand jury should be chosen by a non-partis

jury commission selected by the court and removable at the option of the court for sufficient cause.

Although he was a busy man with his duties as bank president, physican and politician, nevertheless Dr. McGill found time to spend in reading or attending the theatre.

The Jersey Journal, Jersey City, in an editorial, after speaking of his services in the various positions, set forth above, says:

These brief statements convey no idea of the force Dr. McGill exerted in these various lines. He was progressive and fearless. He devised remedies for existing ills in each public position and enforced his views with hard work, keen logic and indomitable courage. His work was a benefit to the city even when it was not at first so recognized, and most of the changes he sought have been effected by the force of circumstances.

Dr. McGill was a citizen with a strong civic spirit that sought to better the city. As a physician he had a large practice for many years, but much of his time was given to gratuitous work in the hospitals, and the fortune which he accumulated was due more to his financial ability than to his extensive medical practice. He touched city life at many angles and lived his life on an even line with the public gaze, leaving a place that it will be hard to fill.

MERRILL.—In Pasadena, Cal., December 1, 1912. Dr. John R. Merrill, of Paterson, N. J. Dr. Merrill was born in Paterson about fifty years ago. He was the adopted son of Dr. S. R. Merrill who founded the Merrill Home for Friendless Men. He graduated from the College of Physicians and Surgeons, New York City in 1886. He was a member of the Passaic County Medical Society, and the Medical Society of New Jersey. He leaves a widow and two sons.

THOMPSON.—At Belmar, N. J., December 3 1912, Dr. Charles Henry Thompson, aged 69 years.

Dr. Thompson was born at Marlboro, N. J., graduated from Rutgers College in 1864; studied medicine in the office of Dr. John Vought in Freehold and entered the College of Physicians and Surgeons, from which he graduated in 1868. He practiced first at Rosemont, N. Y., then for a short time at South Amboy, then at Ocean Beach for several years, and at Belmar since 1891. He was a member of the Monmouth County Medical Society, the Medical Society of New Jersey and of the American Medical Association. He was also a member of the Medico-Legal Society of New York.

Dr. Thompson served two years on the Borough Commission of Ocean Beach, and after the incorporation of the borough of Belmar, was elected Mayor, serving two years, from 1894. He was pastmaster of Ocean Lodge F. and A. M., of Belmar; a member of Goodwin Chapter R. A. M. of Manasquan and of Corson Commandery, K. T., of Asbury Park, and of Mystic Shriners of New York.

On May 24, 1865, he married Miss Rhoda A. Holmes, of Pleasant Valley, who with a son, Dr. David V. Thompson, of Belmar, survives.

In Memoriam.

Edwin M. Ward, M.D.

At their annual meeting on May 27th, 1912, The Society of the Associated Physicians of Montclair and Vicinity elected the late Edwin M. Ward, M.D., an honorary member; and on June 17th, 1912, tendered him and two of his colleagues a banquet, in recognition of their long and faithful services to the profession and to the community.

Doctor Ward died two days after the banquet. The Society at their first meeting subsequent to his death voted that resolutions expressive of their sorrow at his loss and of their appreciation of his worth be drafted and presented to the Society for their consideration at their next regular meeting.

The following minute was therefore presented and adopted at the meeting on November 25th.

Doctor Edwin M. Ward was a careful and a skillful physician, an upright man, a good citizen and a true friend. The memory of his genial kindly presence, his ready sympathy and his unflinching integrity will ever be cherished by those of us who were fortunate enough to have know him intimately. He was wise and conservative in counsel and was painstaking and conscientious in all his relations with his patients and colleagues. We valued his advice as much as we admired his modesty and tact. None of us can recall that he was ever unjust or uncharitable in his dealings or in his opinions.

He had a firm faith in the Great Father of us all and a great love for his profession and for mankind.

This Society therefore desires to place itself on record as feeling deeply the loss of this fine man and dear friend. He belonged preeminently to that class of medical men, who may be best described by the term "beloved physician."

Henry B. Whitehouse, William H. White, Richard Cole Newton, Committee.

It was on motion, further—

Resolved, That a copy of these resolutions be spread upon the minutes of the Society of the Associated Physicians of Montclair and vicinity, and a copy be sent to the Journal of the Medical Society of New Jersey.

Personal Notes.

Dr. Samuel E. Armstrong, Rutherford, has been appointed County Physician, for Bergen county by the newly elected Board of Freeholders. His past services were commended by the County Medical Society.

Dr. J. Finley Bell, Englewood, discussed Dr. G. R. Pisck's paper on "Pyloric Obstruction," at the Nov. 12th meeting of the Philadelphia Pediatric Society. Dr. H. L. Coit, Newark, spoke also on the etiology and prevention of pyloric obstruction.

Dr. John H. Carman and Dr. J. H. Buchanan, Plainfield, were elected medical examiners of Columbia Lodge, No. 58, A. O. U. W., last month.

Dr. William E. Cladek and Dr. F. W. Sell,

Rahway, were appointed medical inspectors of schools by the local Board of Education on Nov. 26th.

Dr. Hugh F. Cook, Newark, is a member of the Essex County Grand Jury for the December term.

Dr. Alexander Dallas, Pine Brook, has gone to California, where he expects to spend the winter months.

Dr. Harris Day Chester, has been appointed medical inspector of the Chester Township schools.

Dr. Thomas G. Dunlap, Atlantic City, has recently returned home from a month's visit at the home of his parents, Louisville, Ky.

Dr. James B. Griswold, Morristown, and wife entertained at their home the Shapespeare Club on the evening of December 2d.

Dr. Francis R. Haussling, Newark, on Dec. 12th, gave a dinner to Dr. John G. Clark, of Philadelphia, who later in the evening addressed a meeting of the Academy of Medicine of northern New Jersey.

Dr. William W. Kaighn, Camden, spent the month of December at Atlantic City.

Dr. Victor Mravlag, Elizabeth, mayor-elect, addressed the local Chapter Sons of the Revolution, last month on "Immigration."

Dr. Thomas R. Pooley, Newton, and wife spent a fortnight at Atlantic City, recently.

Dr. George A. Van Wagenen, Newark, and wife, enjoyed a brief visit to Bermuda last month.

Dr. Harry D. Williams, Trenton, had a narrow escape on a dark night last month, while attending a patient on a canal boat, when he plunged into the canal, in stepping from one boat to another.

Dr. Theodore W. Bebout Sterling, was seriously ill at his home in Sterling last month.

Dr. Edward Guion, Atlantic City, has resigned as Health Officer of Atlantic City, as the salary is inadequate for the amount of work and his private practice requires more of his time.

Dr. William H. Lawrence, Jr., Summit, has returned from a hunting trip in the South.

Dr. Julius Levy, Newark, delivered a lecture on "Infant Mortality," December 17th, before the Political Study Branch of the Woman's Club of Nutley.

Dr. Thomas F. Burnett, Elizabeth, has been agreed upon by the newly elected small Board of Freeholders of Union county for jail physician.

Dr. Thomas E. Dolan, Elizabeth, has been appointed by the newly elected Union County Freeholders for County Physician.

Dr. Emil Gamson, Bayonne, lost his four-year-old son last month by death due to blood-poisoning resulting from a scratch on his neck.

Dr. William B. Jennings, Haddonfield, and wife, left on Christmas day for a ten days' trip to Jamaica.

Dr. Joseph E. Pollard, Chatham, and wife, spent the holidays in a trip to Detroit, Mich.

Dr. George E. Reading, Woodbury, and wife, celebrated the twenty-fifth anniversary of their wedding in their beautiful home on the evening of December 23rd. About three hundred invitations were issued, and a large proportion of that number attended. The doctor and his wife have the congratulations of his professional brethren.

Dr. James J. Reed, Seabright, and wife sailed December 28th for South American, expecting to be gone two months.

Dr. Victor Mravlag, Elizabeth, was given a complimentary dinner December 27th by several of his friends, in celebration of his election as Mayor of that city.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Louisiana, November.	49	33	16
Nevada, November .	4	3	1
West Virginia, July.	48	37	11

Requirements for Medical Licenses.

It is announced that after January 1, 1914, an applicant for license to practise medicine in the State of Pennsylvania must show that he has served as interne in a hospital for a period of at least one year after a four years' course instruction in a medical school.

Public Health Items.

Bayonne Health Board and Barking Dogs.

Dr. John T. Connolly, city physician, has essayed to stop the Bayonne dogs from barking, and the Bayonne health commissioners agree that, to say the least, he has a large order on his hands. As a proof of his ability, Dr. Connolly has submitted to the Health Board a report specifically stating, under the title of "Nuisance Abated," that he has stopped eight dogs from barking. Dr. Connolly said that he used sugar-coated pills as an abater of the nuisance.

Anti-Typhoid Vaccination.

Surgeon General Stokes of the Navy told the House Committee on Naval Affairs recently that there had not been a single case of typhoid in the American navy, with its 64,000 men, since the adoption eleven months ago of the new anti-typhoid treatment.

Tuberculosis Exhibit.

The State Board of Health on Dec. 3rd, received a report from the division of medical and sanitary inspection showing that since March 5 the tuberculosis exhibit maintained by the board has been viewed by 106,900 persons. The exhibit has been open 106 days and nights, and 143 lectures have been given in eighteen, different places in the State.

Trenton Anti-Tuberculosis League.

Dr. Woods Hutchinson of New York gave the League an able and practical talk, Dec. 13th, on how to guard against tuberculosis and on the present day treatment of the disease.

Summit Insists on Pure Milk and Ice.

Blanks to be filled out by milkmen, ice dealers and plumbers have been sent out by the Board of Health to those engaged in these occupations in Summit. In the blanks for milkmen the dealers are required to swear that they will not purchase or procure or deal in milk from any dairy not kept and maintained up to the standard called for by the city or-

dinances. Milk cannot be bottled in the wagon nor transferred to cans in the street except at consumers' houses. No ice dealer may purchase, procure or deal in ice cut or taken from any pond or stream or any artificial road not kept and maintained up to the standard called for by the health code.

Railroad Casualties.

During the month of October, 1912, 3,771 persons were injured in accidents on the subway, elevated and street railways of New York City, or 565 more than during the same month of last year. Twenty-five persons were killed and there were 208 cases of serious injury.

Reduction in Morristown's Mortality.

A remarkable reduction in Morristown's death rate and a great decrease in the number of contagious diseases were reported at the annual meeting of the Board of Health, Dec. 9th. The annual report covers a period of eleven months instead of twelve, owing to the change in the close of the fiscal year from December 25 to December 1. For 1912, the death rate was 17.91 against 22.54 for 1911.

The report of Dr. James Douglas for the year showed a big contrast in comparison with a number of diseases last year. There were 9 cases of diphtheria this year to 25 last year; 18 cases of scarlet fever against 56 last year. During 1912 there were 13 typhoid fever cases to 31 in 1911. But this year contained seven times as many cases of measles as last year, there being 115 in 1912 against 16 in 1911. There was also this year 24 cases of tuberculosis, 5 of erysipelas, 14 of chickenpox, 14 of roseola, 11 of whooping cough, 7 of mumps, 1 of membranous croup and 1 of lead poisoning.

War to Continue Against the Mosquito.

The new State entomologist, Dr. Thomas J. Headlee, is at present engaged during part of his time in visiting farmers' institutes and there urging among other things cooperation of the rural districts in the eradication of the mosquito. His efforts now are being expended in trying to get the county boards of freeholders to include appropriations for mosquito extermination in their next year's budget. The new entomologist anticipates a fight in the next legislature to have the mosquito bill repealed, but he is of the opinion that such an attempt will meet with failure as actual work already done has demonstrated the practicability of the plan.

Thirteen counties are already organized for the war against the mosquito and have appointed commissions, which is to be followed by the making of appropriations to carry on the work. In two of these counties, Essex and Union, more than $50,000 was spent last summer in a campaign against mosquitoes, added to which, says Doctor Headlee, the State is paying $25,000 for the drainage of marshes in the vicinity of Barnegat. Doctor Headlee is unstinted in his praise of the late Dr. John B. Smith, who started Jersey's "mosquito war" in 1901 in face of a storm of public criticism and ridicule. There is no other State where the movement for the extermination of mosquitoes is so far advanced as in New Jersey," said Doctor Headlee recently.

Osculation Deemed Objectionable.

When it became known in Wheeling, W. Va., recently that several members of the local Board of Health had tried to make kissing a punishable offense by law there was much amusement blended with indignation among the younger element, who are wont to bill and coo, and often are not too particular about who observes them. Many of the older and more sedate bachelors and maidens, as well as married couples, laughed and joked over the thought of a city official preventing kissing, by invoking the aid of man-made law.

Rather than be made the butt of jokes, cartoonists and humorists the world over, a majority of the members of the Board of Health agreed to appease the righteous wrath of the opponents of kissing and issue a warning to all who are inclined to enjoy the sweets of osculation, advising them to use extreme care in cleansing their lips and cheeks before indulging the pastime.

Border Line Cases in Mental Deficiency.

Dr. M. S. Macy, in the New York Medical Journal, Nov. 30th, reports having observed 125 children in all of whom, in the original series of examinations, appeared more or less definite signs of mental deficiency, including from two to four years' retardation according to the Binet-Simon tests, and also in every case a number of physical inefficiencies or deficiencies. These children, after careful study and consultation of experts, were all classed as feeble minded and recommended for special pedagogical treatment, as well as medical and hygienic are. Without exception these 125 patients, following upon proper medical and hygienic treatment, and having the advantage of intelligent and specialized pedagogical care during the period of from two to four years, have so far recovered from their "feeble-mindedness" that they have been able to resume and maintain their place in classes of children of their own age. For about thirty-two per cent. medical care is still necessary; about thirty per cent. more are still handicapped by their sensory inefficiency, but not sufficiently so for any one to-day to class them as feeble minded. The author emphasizes the fact that schools—not institutional—and medical and hygienic care has accomplished the transformation in these cases.

Religion and the Public Health.

Dr. Frank D. Gray, of Jersey City, delivered an address at the Emory M. E. Church, Nov. 18th, on the above subject taking the place, on short notice, of Dr. G. K. Dickinson who was prevented by illness from doing so, the following is an abstract of his address:

Dr. Gray said that he was accustomed to emergency calls, but had never received one that affected him as this one did. "Religion and the public health essentially go hand in hand," said Dr. Gray. "The religion of the world at large ought to be good health, but, strange as it may seem, we find the most benighted races strong physically, while the absence of health seems to lead to spirituality. It is the duty of religious people to direct their attention toward the public health, for there

are fewer questions more important than health. It comes next to spiritual welfare. An old saying is recalled—'One never misses the water until the well runs dry.' When their health is gone people will do anything to regain it. They will surrender all their money and go through any sacrifice to be well again. There are three essentials to good health—first, inheritance; second, environment; third, individual mode of living. We are helpless as to the first. We cannot choose our ancestors. Once it was said that heredity played a great role in the transferring of tuberculosis, cancer and various mental diseases, but heredity cannot be wholly blamed. It is a factor, however, and children are innocent victims of alcoholic or imbecilic parents. The thing is that we do not want to have the next generation look back and regret that they had us as ancestors.

"Unfavorable environment can be made favorable. Health can be regulated in any locality. Take Panama as an example. The French failed, not through any inferiority of engineering genius, but rather because they did not make the isthmus sanitary, as the Americans have done. Jersey City is not a health resort by any means, although Jersey City stood six or seventh among the standing of the cities of the United States for good records in deaths from typhoid. That means that the water supply here is good, and it is the duty of the churches to use their influence to safeguard the water supply. I believe that the relation to public health is the crux to all religion. Shake off indifference. People get wrought up over politics and the tariff, but when have you had the public health as an issue in any city, State or national campaign, I hope that the public will wake up and demand it. The question of public health has not simply a sentimental individual value, but it also has a cash value. It has been estimated that the cost to totally eliminate preventable disease would be $1.50 per capita. There are 600,000 deaths from preventable diseases annually, so you see that the individual cost to prevent these deaths would be small and the reward great.

"In regard to preventable diseases, there has been a revolution within the last century. The olden time conception was that disease was visited upon the people. Then, only a few centuries ago, disease was regarded as a great miasma which came and which nobody could see and about which no man knew anything. Then, in France, Pasteur discovered that germs caused disease, and since then the methods to combat them have increased wonderfully. Within the last thirty years the death rate from tuberculosis has decreased from thirty in 10,000 to fifteen in 10,000. In looking over the church notices after it was decided to have a "Tuberculosis Day" in the churches, I noticed that but six observed the day in this county. You were too busy at the time with finances affecting your church. A vast majority of people would die of old age if the laws of health and proper living were observed. These include diet, exercise, fresh air, personal habits and personal frame of mind. People eat too much, not only in quantity, but also in quality of proteins as we call them. Fletcherize your food, masticate it thoroughly. This makes the care of the teeth necessary. It has been proven that vegetarians have the greatest endurance and resistence, but do not pay any attention to faddish diets. I believe that the time is coming when physicians will give good advice instead of medicine, and you must not discourage your physician in this and demand medicine. You should take care of yourselves, for in the Holy Writ it is said that our bodies are temples, and they should be kept beautiful."

Rev. A. C. McCrea, the pastor of the Church paid a high tribute to Dr. Gray, declaring that he had "never heard a sermon so pertinent to the public welfare." He said he considered Dr. Wiley one of the greatest benefactors the country ever had and said:

"I hope the new President will put him back where he can continue his good work."

He lauded the medical profession, saying of physicians: "I follow them and I know their work. God bless them."

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, Nov., 1912.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending November 10, 1912, was 2,790. By age periods there were 592 deaths among infants under one year, 183 deaths of children over one year and under five years, and 819 deaths of persons aged sixty years and over.

The total number of deaths for the month shows a decrease from the previous month and also from the corresponding period of the past three years, as follows: November, 1909, 2,993; 1910, 2,879; 1911, 2,914; 1912, 2,790.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending November 10, 1912, compared with the average for the previous twelve months, the average being given in parentheses:

Typhoid fever, 32 (27); measles, 5 (24); scarlet fever, 5 (12); whooping cough, 16 (17); diphtheria, 40 (41); malarial fever, 3 (2); tuberculosis of lungs, 255 (309); tuberculosis of other organs, 27 (51); cancer, 153 (168); diseases of nervous system, 305 (351); diseases of circulatory system, 360 (396); diseases of respiratory system (pneumonia and tuberculosis excepted), 157 (211); pneumonia, 174 (239); infantile diarrhœa, 188 (197); diseases of digestive system (infantile diarrhœa excepted), 185 (186); Bright's disease, 216 (232); suicide, 30 (32); all other diseases or causes of death, 639 (610); total, 2,790; 3,105.

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens examined from suspected cases of diphtheria, 1,178; tuberculosis, 435; typhoid fever, 361; malaria, 21; miscellaneous specimens, 92; total, 2,087.

Division of Food and Drugs.

During the month ending November 30, 1912, 358 samples of food and drugs were examined in the State Laboratory of Hygiene. The results being as follows: The following were found to be below standard: 23 of the 214

samples of milk; five of the 58 of butter; one of the 13 of cream; one of the 3 of maple syrup; all three of canned tomatoes; all three of tomato paste; two of the ten of tomato pulp; two of the ten of vinegar; one of the two of camphorated oil; six of the ten of witch hazel.

The following are the articles of which all the specimens were found above standard: one each of asparagus, tomato catsup, honey, lemon extract, canned pears, tincture of iodine; the six of cordials, eight of molasses, three oleomargarine, six olive oil, three vodka. Twenty-three suits were instituted against persons whose goods were found to be below standard —16 milk, 4 butter, and one each of cream, maple syrup and cider vinegar.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 314 dairy inspections were made as follows: The columns below give the number inspected in the counties specified and the numbers found to be 60 per cent. above and 60 per cent. below the perfect mark.

County.	Number inspected.	Above 60%.	Below 60%.
Burlington	19	13	6
Essex	13	5	8
Hunterdon	3	0	3
Mercer	31	14	17
Middlesex	27	20	7
Monmouth	17	6	9
Morris	9	6	2
Somerset	25	17	5
Sussex	78	45	33
Union	10	7	3
Warren	78	50	28
Bucks, Pa.	4	2	2
Total	314	187	121

Number stopped producing milk: Monmouth 2, Morris 1, Somerset 3; total 6.

Number of dairies; first inspection..... 115
Number of dairies; reinspection..... 199
Number of milk depots inspected..... 13

Inspections were made at the request of the following local boards of health: Bernardsville, Bordentown, East Orange, Hopewell, Lawrenceville, Madison, New Brunswick, Orange, Pennington, Red Bank, Roselle, Trenton.

CREAMERIES INSPECTED.

Augusta, Blairstown, Cherryville, Cranbury, Everittstown, Frenchtown, Hopewell, Idell, Irvington, Little York 2, Mount Pleasant 3, Newark, New Brunswick 3, Oak Grove, Oak Summit, Sergeantsville, Stockton, Troy Hills and Walpack Center. Total, 24. Number of creamery license recommended, 2.

ICE CREAM FACTORIES INSPECTED.

Bordentown 3, Harrison, Jersey City, Lawrenceville, Madison 2, New Brunswick 2, Paterson, Plainfield 13, Washington 2, West Hoboken, West New York. Total 28. Number of ice cream factory licenses recommended, 4.

During the month ending November 30, 1912, 162 inspections were made in 62 cities and towns. The largest number having been made as follows: Trenton, 24; Jersey City, 16; Plainfield, 15; Tuckerton, 9; Newark, 8; Camden, 7; Atlantic City, 6; Paterson, 4; Absecon, Keyport, South Orange and Union Hill each 3.

The following articles were examined during the month, but no samples were taken: Milk, 454; butter, 469; drugs, 295; food, 841.

Other inspections were made as follows: Milk wagons, 200; milk depots, 45; drug stores, 8; meat markets, 1; grocery stores, 297; butter stores, 5; cold storage establishments, 18; slaughter houses, 17; canning factories, 7.

Meat Inspections: Beef, 11 carcasses; beef carcasses condemned 1; veal, 18 carcasses; calf carcasses condemned, 3.

Inspection of Oyster beds: Number of oyster samples examined during the month, 49; number of water samples from oyster beds examined during the month, 108.

Division of Foods, Drugs, Sewerage and Water

Total number of samples analyzed in the Water Laboratory, 209; public water supplies, 137; private water supplies, 19; bottled water supplies, 9; State Institution supplies, 6; creamery water supplies, 2; miscellaneous waters, 21; sewage samples, 14; miscellaneous samples, 1.

INSPECTIONS.

Water supplies and water purification plants inspected at Atlantic City, Bernardsville, Burlington, Califon, Elizabeth 2, Gloucester, Haledon, Holly Beach, Jamesburg, Lakeside Park (Kirkwood), Lakeside Park (Mercer County), Lambertville 2, Little Falls, Merchantville, Midland Park 2, Millville, Moorestown, Mount Holly, New Brunswick, New Milford, Pluckemin, Rahway 2, Vineland (Soldiers' Home).

Watersheds inspected at Bridgeton, Sparta (R. M. Smith's water supply system).

Bottled water supplies inspected at Basking Ridge (Somerset Spring Water Co.,) Englewood (Englewood Hygeian Ice Co., "Hygeian Water"), Great Notch (Great Notch Spring Water Co.), Midland Township (Red Rock Spring Water Co.), Morris Heights, Pa. (Polar Spring Water Co.), Oakland (Kannouse Mountain Water Co.) Rockaway (Indian Spring Water Co.), Salem (Bridgeton Condensed Milk Co., "Artdistpure Water"), Springfield (Alpha Spring Water Co.)

Sewage disposal plants and sewerage systems inspected at Asyla, Belmar 2, Bordentown, Bridgeton, Chatham-Madison 5, Collingswood 3, Cranford, Grenloch, Hightstown, Keyport, Lakewood, Lincoln, Merchantville 4, Metuchen (Creamery Disposal Plant) 4, Millville, Morristown, New Brunswick, New Lisbon, North Wildwood, Pemberton, Princeton, Red Bank 2, Ridgewood, Riverside, Trenton, Trenton (Agasote Millboard Co.), Westfield, Wildwood, Wildwood Crest.

Stream inspections on Deal Lake, Delaware Bay, Delaware River, Elizabeth River, Maurice River, Millstone River, Passaic River, Pequannock River, Rahway River, Rancocas Creek, Raritan River, Second River, Wallkill River, Whippany River, Shrewsbury River.

Number of stream pollutions reported.... 19
Reinspections of stream pollutions reported 253
Stream pollutions found abated..... 136
Notices to cease pollution issued..... 11
Cases referred to the Attorney General... 19
Plans for sewerage systems, sewage disposal plants and extensions approved.. 15

NEW AND NON-OFFICIAL REMEDIES.

Since November 1, the following articles have

been accepted for inclusion with New and Non-official Remedies:

Afridol, Farbenfabriken of Elberfeld Co.
Afridol Soap, Farbenfabriken of Elberfeld Co.
Cycloform, Farbenfabriken of Elberfeld Co.
Hexal, Riedel & Co.
Hexal Tablets, Riedel & Co.
Glycotauro, Hynson, Westcott & Co.
Glycotauro Capsules, 5 grs., Hynson, Westcott & Co.
Glycotauro Pills, 1 gr., Hynson, Westcott & Co.
Mercurial Ointment Improved, H. K. Mulford Co.
Capsules Mercurial Ointment, Improved, H. K. Mulford Co.
Novatophan, Schering & Glatz.
Novatophan Tablets, Schering & Glatz.

Facetious Items.

In the Age of Science.

"Come over and play with my little boy, sonny," called the pleasant-faced new neighbor to the solemn faced urchin on the fence between the two houses.

"Is your little boy ailing from anything?" came the child's earnest question.

"No, indeed, sonny. Why?"

"'Cause I've had my tonsils taken out, an' my adenoids removed, an' my appendix cut out, an' I've been vaccinated, an' serumized for typhoid, an' spinal meningitis, an' had antitoxin injected, an' I do hope I won't have anything done to me this year, so's for a while I can have a bit o' fun!"—Illinois Med. Journal.

Auto-intoxication.—Doctor: "You are suffering with auto-intoxication."

She: "Why, Doctor! I never was intoxicated in an auto in all my life."

The Beginner.—Mrs. Wise: "Did Mrs. Smith's son graduate as an allopath or a homeopath?"

Mrs. Cutting: "Homeopath, I think. He's been living at home ever since he took his degree."

"That lawyer of mine has a nerve."

"Why so?"

"Listen to this item in his bill: 'For waking up in the night and thinking over your case, $5.' "—Boston Transcript.

The Doctor—Give your husband six of these every two hours.

His Wife—How much will your bill be, doctor?

The Doctor—That's all right. Just tell him to remember **me** in his will.

Seventy-five thousand flies make a gallon, but one, as every bald man knows, can make a peck of trouble.

A Toledo physician recommends that healthy persons who desire to live to a ripe old age have their tonsils cut out. Not many will seek the ripe old age in that way.—Hudson Observer.

"Wife back from the seashore yet?"

"Yes, but confined to her room."

"Too bad. What does the doctor say?"

"We have no doctor. The washerwoman says she'll have her out in about four days."—Washington Herald.

"Do I understand that your son wants to be a doctor?"

"Yes."

"What for?"

"He wanted to follow a profession that would furnish him with a good excuse for staying out late nights, I think."

"That's a smart thing I've done," said the doctor to his assistant.

"What's that, doctor?"

"I have put my signature in the column 'cause of death' in this death certificate."—Tid-Bits.

"My dear," said a vain old man to his wife, "these friends here won't believe that I'm only forty-five years old. You know I speak the truth, don't you?"

"Well," answered the simple wife. "I suppose I must believe it, John, as you've stuck to it for fifteen years."—Tit-Bits.

Medicus—"Don't you think this scientific idea is a good one of killing off all the idiots?" Cynicus—"No; the world would be too lonely." —Baltimore American.

A Boston physician tells you what ails you simply by holding your hand. But the couples who "hold hands" do not need to be told.

The corn crop is over 3,000,000,000 bushels, but owing to the higher price of the hired man's shoestrings, corn meal will cost more this winter.—"Bayonne Daily Times."

"Talk about dry towns, have you ever been in Leavenworth, Kan.?" asked the commercial traveller in the smoking car. "No? Well, that's a dry town for you, all right."

"They can't sell liquor at all there?" asked one of the men.

"Only if you have been bitten by a snake," said the traveller. "They have only one snake in the town, and when I got to it the other day after standing in line for nearly half the day it was too tired to bite."—Milwaukee-Wisconsin.

Mother Was Right.

It was at the table, and the hostess addressed her husband's brother.

"Do have another piece of pie, William."

"Why, really, I've already had two, but it's so good I believe I will have another."

"He, he! Mother's a winner!" said little Frank excitedly. "She said she bet you'd make a pig of yourself."—Harper's Magazine.

Odd Patients.

First Doctor—Had a couple of odd patients this morning.

Second Doctor—Indeed! Who were they?

First Doctor—One was a beekeeper with the hives and the other a grass widow with the hay fever.—Boston Transcript.

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EUGENICS FROM THE POINT OF VIEW OF THE OPHTHALMOLOGIST.*

By Clarence P. Franklin, M. D., Philadelphia, Pa.

Sir Francis Galton, whose studies in Eugenics began some thirty years ago, called Eugenics: "The study of a genesis under social control that may improve or impair the racial qualities of future generations either physically or mentally," or, in other words: "Eugenics is that science which deals with all influences that improve the inborn qualities of a race."

Eugenics concerns itself with heredity, while Euthenics deals with environment, these two forming type and character.

That the medical profession has to do with Eugenics, as a matter of duty, is self-evident, and a doctor's sociologic responsibility is usually promptly met, in spite of Bernard Shaw's saying that: "Doctors are just like other men: most of them have no honor and no conscience; what they commonly mistake for these is sentimentality and an intense dread of doing anything that everybody does not do, or omitting to do anything that everybody else does."

That we can control life itself, or the production of living material—in other words, that we can make life—is a question that is becoming prominent in the scientific world.

The discussion alone, of such a subject—the possibility of the production of living matter by means of other than the usual union of the sex elements—is interesting, in that it shows the trend of freedom of thought both on the part of the scientific world, as well as upon the part of the laity.

Only recently, the press, both lay and technical, has taken up the discussion of the annual address of Prof. E. A. Schafer, the noted Edinburgh physician, President of the British Association for the Advancement of Science, upon the nature, origin and maintenance of life; and the discussion has taken a calm, critical tone of analysis that is remarkable in view of the fact, that only a few short years ago, such a subject would have been considered as heretical, hazardous, if not blasphemous as a matter of discussion. The fertilization of the eggs of the frog by means of a sterile needle, instead of by the male spermatozoon, and the production of young frogs therefrom apparently perfect in every detail; the fertilization of the eggs of the sea-urchin, and the production of its young, without the assistance of the male element; the synthesis of living protoplasm by Loeb, so that he has under glass at the present time a small mass of living material that has all the characteristics of life, but which has yet taken no definite form (Loeb says he does not yet know what kind of an animal he is going to find, later, when characteristics are more defined—who knows, maybe an animal unlike anything in nature!); all these things show us that the production of life without the union of the sex-elements is not at all the impossible thing it has long been supposed, since parthenogenesis was first talked of.

On the other hand, the contention as to the postponement of death, and the continuance of an indefinite life—immortality, in other words—according to Metchnikoff's assumption that the condition of senescence is itself abnormal and that old age is a manifestation of disease, is not yet borne out, and Schafer himself thinks that; "it is only in the sense of its propagation

*Read before the Salem County Medical Society, November 6, 1912.

from one generation to another that we can speak of the indefinite continuance of life; we can be immortal only through our descendants."

Here, then, is the keynote of a rational line of thought on Eugenics. We are reproduced, with all our evil and good (physically speaking, for the moral is not under discussion at this time) in our descendents, therefore, it is the plainest of plain facts that we should make some effort to see that our descendents are not only possessed of our best, but also that they go beyond us toward the physical ideal.

The general program of the Eugenist is clear—to improve the race by reasonable selection of marriage mates, and it includes also the control by the State of the propagation of the mentally incompetent. Davenport says: "The success of a marriage from the standpoint of Eugenics is measured by the number of disease-resistant, cultivable offspring that come from it."

Sociologically, it is all well enough to look after the subnormal child, for the responsibility for its welfare rests between the parent and the State, and our status of civilization has by no means suggested that we get rid of our defectives in the apparently brutal way that nature does it in her aim for the survival of the fittest.

Dr. Helen B. Putnam says: "Life is a trust from fathers and mothers beginning before history, to be guarded and bettered in one's turn, and passed along to children's children. For the teaching of hygiene for better parenthood the strategic years are from sixteen to twenty-four, and there are 15,000,000 young people of these ages not in schools, and eligible for instruction."

The aim of the sociologist, the criminologist, the medical man, as well as the Church, bench and bar, should be to so improve the race, by means of restrictive legislation and rule of conduct, to so surround the production of offspring with safeguards, without in any way interfering unduly with individual rights, that there will be a gradual production of a race of human beings that will more nearly measure up to the ideal of all time—mens sana in corpore sano.

The human babies born each year are the world's most valuable crop. About fifty million babies are born in the world each year, and the share of the United States in this crop is about two and a half millions. Of these, nearly half a million die before they reach the age of one year, and nearly half of all are dead before they reach the age of twenty-three years—before they have had the chance to affect the world much, one way or the other. We support half a million insane, feeble-minded, deaf, blind and epileptic, 80,000 prisoners, and 100,000 paupers, at a total cost of over one hundred million dollars annually. Should a new plague cause this, it would instantly attract universal attention, but we have become so used to crime, disease, and degeneracy that we take them as necessary evils.

You may ask how all this forces itself upon the attention of the ophthalmologist?

What medical man who devotes himself to the practice of the diseases of the eye; who sees daily the effects of heredity upon eyesight; who finds that about 90 per cent. of all eyes are hyperopic, 8 per cent. myopic, and 2 per cent. emmetropic or normal; who sees his cases of ocular demonstrations of hereditary syphilis, such as keratitis, iritis, cerebral tumors, etc.; what eye-man can fail to wish for the development of Eugenics, that these terrors to the young, these sorrows to the parent, and these menaces to the State, may become less and less as time goes on?

Apart from albinism, the optical defects whose inheritance has been studied are: Defect in (or absence of) the iris, or displacement of the pupil; Microphthalmos (or even absence of the eyeball); Optic atrophy; Cataract; Dislocation of lens; degeneracy of the cornea; Glaucoma; Megalophthalmos; Nystagmus; Paralysis (and imperfect development) of ocular muscles; Retinal inflammations; Hemeralopia; Color blindness; Astigmatism, and Myopia.

Already, laws are being formulated and used for the repression of the more serious forms of "disgenics," and we find that a number of the States have passed legislation, more or less effective, for the sterilization of confirmed criminals, idiots, imbeciles, and rapists. Vasectomy and oophorectomy is upon the statute books of a number of States, not so much as a punishment, but rather as a corrective.

Indiana leads with the first law of this kind, in 1907; in 1909 Washington, California, and Connecticut passed similar laws; in 1911 New Jersey, Nevada, and Iowa followed, with New York last, in 1912.

The New Jersey law will bear some inspection, for while this good old State, which some of its more envious neighbors call the "Mother of Trusts," may have a multitude of pro-Trust legislation, there is no evidence in the above mentioned law of

any intention to create a trust in criminals, imbeciles, and rapists. The New Jersey law provides for a surgeon and a neurologist, appointed for five years, and these two, in conjunction with the Commissioner of Charities and Correction are known as the Board of Examiners of Feeble-Minded, Epileptics, Criminals and other Defectives.

Those coming under the operations of the law are limited to persons convicted of the crime of rape or of such successions of offenses against the criminal law as in the opinion of the Board shall be deemed sufficient evidence of criminal tendencies. The opinion of the Board under the New Jersey law must be unanimous instead of merely a majority, and before performing the operation the Board must apply to some judge of the Court of Common Pleas for an order authorizing the operation.

The court is authorized to assign counsel to represent the individual under examination, and all such orders are subject to review by the Supreme Court. Surgeons performing the operation under the law are relieved from all responsibility. A record is required of each examination, and a report from the superintendent is called for one year after each operation, showing the result of its operation and its effect upon the individual.

Probably a good start will be made by the church when all denominations agree to have their ministers refuse to perform the marriage ceremony until proper health certificates have been presented by both parties interested, but the greatest good will come, of course, only when all ministers are forced, by law, to require such certificates.

We used to say, merely to make an epigram, that, to make a gentleman, one must begin with a man's grandfather; but now we can say, with much earnestness, that to make a healthy child, one must begin with his dim ancestors.

The immediate problem would seem to be:

First, to better the present generation of children, by:

(a) Better personal hygiene;
(b) Better educational methods;
(c) Better school and public hygiene;
(d) Proper inculcation of civic ideals.

Second, to better the next and succeeding generations of children, by:

(a) Requiring health certificates as a pre-requisite to marriage;
(b) Restraint of the unfit from marriage, or, if this be impossible,
(c) Vasectomy or oophorectomy, to prevent the birth of the unfit;
(d) Education in the proper selection or marriage-mates.

Venereal diseases are disgenic agents of the first magnitude and of growing importance.

As Mears well says: "The time has arrived when the evils of our social life should be correctly designated, and should be fearlessly dealt with. The false sentiment which dominates our social life protects the business of the public prostitute by so influencing public opinion that she cannot be controlled by law, as are the subjects of contagious and infectious diseases which imperil the health of the community, and is responsible for infected mothers and disease-tainted children—cursed through inheritance.

It is the duty of the community to not only protect itself against the established flow of degeneracy, but as well attack and destroy the causes at the very source—the fountain-head.

Surely the classical illustration of the Jukes family, traced through seven generations, with its 1,200 degenerate descendants, and its estimated cost to the State of $1,308,000, because of the long list of its defectives and criminals, is sufficient proof of the old biblical saying: "The fathers ate of sour grapes, and the childrens' teeth are set on edge."

There is no argument advanced by anyone against Eugenics—we are all upon one side. The only division of opinon is as to the best way to go about reform.

"Festina Lente" applies to all such far-reaching plans for reform, but there need be no fear that error will vitiate the results.

"He who never made mistakes never made anything," and the inevitable mistakes in such a reform will only serve to teach the better ways. The public mind is rapidly ripening for advance toward the production of right-thinking citizens, and surely only through the production of normally-bodied children can the State hope to produce right-thinking citizens.

The part that women are taking in this subject is a vastly important one—almost as important as their childbearing duties, for surely "the hand that rocks the cradle rules the world," and it will probably prove the strongest factor in the whole advance that the mother shall have placed before her the practical teaching and instruction that shall show her the right way to help solve the problems of Eugenics.

SYPHILIS OF THE NERVOUS SYSTEM.*

By ISSAC SURNAMER, M. D.,
Paterson, N. J.

Syphilis of the nervous system may manifest itself within a few months of the initial lesion, or during the secondary stage, or during the tertiary stage. As para-syphilis it appears in the latter part of life or in the next generation as congenital syphilis.

Pathology.—The specific lesions of syphilis found in the nervous system are: 1. Single or multiple gummata. 2. Gummatas meningitis and meningo-encephalitis. 3. Gummatous periarteritis and endarteritis obliterans.

Histologically syphilis of the nervous system consists of a primary toxic degeneration, small cell infiltration and a reactive productive inflammation with increase of connective tissue. As a secondary consequence of the obliterating endarteritis and periarteritis, we have softening or rupture of vessels and hemorrhage, also the development of aneurysms. Any one of these pathological processes or all of them can be present in one case. The different lesions may either co-exist or may succeed one another. Thus we have the pathological reason for the complex and variable clinical picture of syphilis of the nervous system.

Special characteristics of the symptoms of syphilis of the nervous system:

1. The course of the disease: The symptoms are usually inconstant, they may come and go, for instance there may come on a sudden paresis of one leg followed by paresis of both legs; this may change into a complete paralysis, to change back again a little later to paresis of one leg.

A spinal hemiplegia may come and go two and three times in a short illness. This difference of intensity and extent of involvement is seen not only in the motor disorders but also in the cranial nerve involvements and in the visual disturbances.

Transient bitemporal hemianopsia is very characteristic of syphilis. Oculo-motor paralysis or ptosis may be present, disappear and reappear again.

Sensory symptoms also are variable from day to day. There is a variability in the intensity of bladder symptoms. The variability in tenden reflexes is characteristic. The knee jerk can be absent at one examination, present at the next and exaggerated at the subsequent examination.

2. *Stupor.*—Stupor of brain disease of syphilitic origin is not constant, but a deep stupor may be present for a few hours followed by an attack of violent delirium and later the patient may become fully conscious for a time, only to relapse again into stupor.

3. The temperature in syphilitic meningitis is usually normal, in rare cases only is it slightly raised.

4. The presence of psychogenic symptoms in nervous diseases is characteristic of syphilis, usually some involvement of the mental faculties is present.

5. The grouping of the symptoms often indicates the distribution of the lesion to be over a large area and on, or near the surface of the nervous system. A deep seated lesion of the brain or cord is usually not specific, while a superficial diffuse lesion is characteristic of syphilis.

6. The earlier the appearance of the nervous disease after the initial lesion, the more curable it is. The latest to appear are the parasyphilitic conditions and they are almost incurable.

The following are syphilitic nervous diseases most often met with in practice.

1. *Apoplexy.*—Apoplexy in a young adult, the case developing within a year after the initial lesion. There is first noticed a partial aphasia, numbness in one limb or half of the body, staggering gait followed by apoplexy that is not very severe without complete loss of consciousness, but the mind just disturbed and bewildered, all clearing up in a few days, or going on to confusion and stupor alternating with hours of clear consciousness, may be slight ptosis and immobile pupil.

2. A case of meningo-encephalitis of the base of the brain developing about two years after the initial lesion. Usually begins with severe headache, exacerbations at night, dizzy spells causing him to fall, loss of consciousness finally, confusion of the mind, depression, loss of power of attention. The leading feature being cranial nerve involvement. The optic nerve itself is often affected, rarely going to complete blindness. The optic chiasma is a favorite place for infiltration. Therefore, hemianopsia is often present especially as a transient bitemporal hemianopsia. The olfactory nerve is often imbedded in new growth and anosmia developes. By the extension of the infiltration further back the facial and audi-

* Read, as one of the papers of the Symposium on Syphilis at the meeting of the Passaic County Medical Society, November 13, 1912.

ory nerves become involved, giving rise to asymetry of face in smiling and wrinkling of forehead, and deafness and vertigo. By a further extension to the posterior fossa, the hypoglossal and the accessory become involved, giving rise to polydipsia and polyuria, tremor of the tongue on protrusion and loss of pharyngeal reflex.

3. Meningo-enecephalitis of the convexity of the brain occurring between the third and fifth year after the initial lesion. Usually begins with vomiting and vertigo, headache localized and the skull corresponding is tender on percussion, soon confusion developes loss of memory, poor attention, poor orientation for space and time fabrication is often found. No eye palsies, no facial palsies, often an accelerated knee-jerk, bilaterial clonus, double Babinski complicate the symptomatology of this condition.

4. Erb's type of syphilitic spinal paralysis about ten years after the initial lesion. This is a diffuse degeneration principally of the pyramidal tract. We find a spastic paraplegia increased reflexes spastic gait, rigidity, less marked than in non-syphilitic cases, paraesthesias and early bladder involvement. Some cerebral symptoms are nearly always present.

5. About twenty years after the infection. Tabes dorsalis. Most cases occur between thirty and fifty years of age. I will not describe tabes. I only wish to say, that the parasyphilitic nature of this disease has been proven lately by the laboratory finding that ninety per cent. of all cases have shown in their spinal fluid, a positive Wassermann reaction, a positive Noguchi globulin test and the presence of a leucocytosis. While the blood gives a negative Wassermann in contradistinction to syphilis where the blood gives always a positive Wassermann (Plant.)

6. Twenty-five or thirty years after the infection. General paresis of the insane. This is really a tabes of the brain and the laboratory findings for tabes also hold good for paresis.

7. Syphilis in the next generation. Hereditary syphilis of the nervous system manifests itself either in the first month of life as infantile convulsions, or later in anomolous development of the brain in epilepsy or juvenile spastic paraplegia. Twenty per cent. of all cases of idiocy show a positive Wassermann. Hereditary syphilis is also an etiological factor for a future general paresis of the insane.

8. Syphilis in the grandchild. The child though physically normal at birth is in childhood either stunted and remains undersized, or shoots up like weeds much above the average height of the parents. Mentally some of them are feeble-minded but most of them are precocious—they are too old for their years. They have a too early sexual development and this in turn paves the way for a dementia pracox. In these cases proper prophylaxis, in the form of sexual hygiene by parents, teacher and physician, will do much to remove the cause and therefore prevent a large percentage of dementia pracox.

Prognosis.—The prognosis of syphilis of the nervous system is always serious; it is best in uncomplicated early cases. Tuberculosis and alcoholism make the prognosis worse. The longer the time of onset from the time of the initial lesion the worse the prognosis. Some form of spinal syphilis like acute transverse myelitis is rapidly fatal; next in fatality is syphilitic convulsions.

Treatment.—Treatment will be the subject of the next paper. I will therefore conclude by thanking you for your kind attention.

THE TREATMENT OF SYPHILIS.*

By George Fischer, M. D.,
Paterson, N. J.

The first authentic report of the outbreak of Syphilis in Europe dates back to the year 1493, following the return of Columbus' crew from America; at the same time mercury was mentioned in its treatment.

The oldest and most efficient manner of administering mercury in the treatment of Syphilis is the inunction, 4-8 grammes of unguentum hydrargyri cinereum in gradually increasing doses, are thoroughly rubbed on different parts of the body in regular rotation, after each cycle the patient receives a hot bath, 30-50 inunctions are considered sufficient for one cure. Care has to be taken, that the salve is slowly (at least for 15 minutes) and evenly rubbed on the respective parts, watching the urine for albumen and the mouth for a possible stomatitis.

The disadvantages, which adhere to this otherwise excellent method (uncleanliness,

* Read, as one of the papers of the Symposium on Syphilis, at the Passaic County Medical Society meeting on November 13, 1912.

intolerance of the skin of a number of patients towards mercury or pre-existing universal eczematous eruptions) have led to the administration of hydrargyrum per os, in the form of pills; the most favored preparation in America is hydrargyrum protojoduretum, in Germany the hydrargyrum tannicum oxyvulutum (Lustgarten). Although men of wide experience recommend the internal treatment, most of the syphilographers share Fordyce's opinion, who in a paper read before the dermatological section of the A. M. A., June 12, says: "The perfunctory administration of protoiodide pills, a practice only too much in vogue, accomplishes little in the eradication of the disease, and leads to an immunity to the drug. Day after day we see patients, the victims of paresis, tabes or other serious disease, all giving an identical therapeutic history, namely, two, three or more years of pill-taking. The method stands condemned by its eloquent results."

The first variation from the administration of Mercury by inunction or by mouth is the use of intramuscular injections; they were first introduced by Hunter and Berkely Hill in England, around 1855, and by von Hebra in Germany, 1860. It would lead too far to discuss the question as to whether the soluble or insoluble salts should be preferred; let it be sufficient, that of the soluble preparations bichloride and succinimide are most frequently used, of the insoluble calomel and salicylate of Mercury. The general consensus of opinion seems to attribute a higher degree of efficiency to the latter. Like every innovation this method found many opponents. The pain after the injection was described as excruciating, formation of abscesses was frequent and even cases of death caused by embolism were reported. A perfect antisepsis and the precaution of removing the barrel of the syringe from the needle in order to see whether a blood vessel has been pierced, will exclude such accidents. We have used intramuscular injections in our clinic for years without any infection or any other unfavorable complication. The pain varies, but is seldom so severe that we had to interrupt the treatment. The use of injections is especially serviceable, when mercury is not tolerated well by the intestinal tract, and in severe forms of lues; chronic, scaly syphilides on palms or soles, that withstood inunctions or internal treatment for years, often disappear after a few injections.

Another great advantage is, that the patient gets the right dose at the proper time.

In 1834, Wallace from Ireland introduced iodine into the treatment of syphilis. It is chiefly used in the salts of potassium or sodium, either alone or in combination with mercury, as the so-called "mixed treatment."

Although iodine has some value in every stage of syphilis, it is more efficacious in late secondary and tertiary spyhilides, than in the early lesions of the disease.

Potassium iodide is usually given in gradually increasing doses of 0.3 to 8.0 grammes well diluted in water 3 or 4 times a day, one hour after eating. When it produces gastric disturbances it may be better tolerated in connection with pepsin or in milk. The action of the iodide is explained in the following way: If we examine any syphiloma under the microscope, we find thrombosis of the vessels; the assumption is that the iodide resolves the infiltrate, makes the vessels pervious and enables the mercury to attack the specific organisms.

The modern, or I may say the scientific treatment of syphilis dates from the years 1905-1909; in 1905 Schaudinn discovered the spirochaeta pallida; 1907 Wassermann published his serum test, and 1909 Ehrlich issued his remedy "606."

The discovery of Schaudinn enables us to make an absolute positive diagnosis right after the appearance of the initial lesion. Thus we can start the treatment immediately without waiting for the outbreak of secondary symptoms. The importance of this fact is obvious. How often did it not happen, that non-specific lesions, like ulcera mollia, herpes praeputialis or even infected scabies papules were mistaken for syphilis, and the unfortunate individual received years of unnecessary treatment.

You have heard from a previous speaker all about the Wassermann test. What influence has it had on the treatment? Although it is beyond any doubt, that even before its introduction lues was successfully treated in a number of cases, we have to admit, that the administration of the different remedies was a matter of guesswork. Too often mercury was given merely for the relief of syphilitic manifestations, and the length of a course of treatment depended upon the presence or absence of symptoms after the administration of mercury had been stopped. It was usually given with regular intervals for 2 years; if at the end of that period no fresh symptoms appeared within the next few

months, the patient was considered cured. Now by using the Wassermann test we know, that in spite of absence of specific manifestations, lues cannot be pronounced cured, unless the repeated serum reaction remains negative.

It is only a little over 2 years, that the whole civilized world was stirred up by the announcement, that a remedy had been found, which could cure syphilis with one application. This announcement had so much more weight as it came from such a careful and conservative observer as Paul Ehrlich, the famous Frankfort scientist. It is well worth mentioning, that this was not a chance discovery, but that Ehrlich worked with the aim of finding a synthetic preparation, that would kill the spirochaetae without injuring the host, or as he expresses it: a preparation that is parasitotropic without being organotropic.

As a basi for his work he took atoxyl, an arsenical compound, with which Uhlenhuth had treated syphilis with some therapeutic benefit. But the effective doses of atoxyl came so near being toxic, that it was dangerous to use it. Now follow a series of arsenical compounds, until Ehrlich found a substance which, injected into a syphilitic rabbit, killed all the spirochaetae without injuring the animal. This happened to be the 592nd preparation, which Ehrlich had tested and its hydrochloride was the 606th. Chemically it is the dihydrochloride of Dioxydiamidoarsenobenzol, it contains about 32 per cent. of arsenic, is a lemon yellow powder, which readily undergoes oxydation and is therefore put up in glass vacuum tubes; the commercial name, is, as you all know, Salvarsan.

Salvarsan has been used in three different ways: Subcutaneously, intramuscularly and intravenously, but the subcutaneous method has been given up entirely, on account of the large, long lasting infiltrations, that follow. Of the other two the intravenous is given the preference, although of late the intramuscular seems to gain more adherents. To describe the technique would go beyond the scope of this paper.

Many hundreds of thousands of injections of Salvarsan have been given since its discovery; naturally the experiences and conclusions of the different authors differ in a number of points, but they all seem to agree, that Salvarsan kills the spirochaetae and that the syphilitic lesions disappear much quicker, than under any other form of treatment. Foci of infection, that form a danger to the surrounding of the inflicted individual are rendered harmless and heal in a few days. There I think particularly of the ulcerated primary lesions, genital or extra genital, and of the mucous patches in the mouth. Extensive ulcerations, gummata of the lip, tonsils or eyelids heal within a week, and we can hardly believe our own eyes, when we see one of those unfortunate victims, who by some painful lesion of the throat was hardly able to swallow liquids, sit up in bed and enjoy the chewing of a crust of bread 24 hours after one injection of 606.

It would be strange, if a drug as powerful as this one should be entirely free from disadvantages. The greatest objection to the intramuscular injections of Salvarsan is the subsequent pain, which however is greatly diminished, if we keep our patients in bed for 2 or 3 days. After the intravenous injection there may be a drill and a considerable rise of temperature—possibly up to 103 deg.—followed by nausea and vomiting.

Cases of death have been reported, a minimal number, when we consider how many injections have been given all over the world and not all of them by experienced men, with a faultless technique. Besides this the deaths as a rule have occurred in feeble individuals with degenerated heart muscles, as we find them frequently in old cases of tabes.

This leads to the contraindications in the application of Salvarsan: 1, Advanced arteriosclerosis; 2, Para-syphilides; 3, Chronic alcoholism; 4, Ulcer of the stomach.

The most recent innovation issued by the Frankfort laboratory is Neosalvarsan. In appearance it resembles Salvarsan, although of different chemical composition. It is claimed that Neosalvarsan has the following advantages over Salvarsan: 1. It readily dissolves in distilled water, and gives a neutral reaction. 2. It is better tolerated and can therefore be given in larger doses. 3. Its efficiency is at least equal to that of Salvarsan.

It would be a great mistake to think, that arsenobenzol has supplanted mercury in the treatment of syphilis. Fortunately these two most powerful drugs are not only compatible, but assist each other in combatting the dreaded disease.

An ideal plan of treatment of a fresh case of lues would be: Three to four intravenous injections of Salvarsan in short intervals, as soon as the diagnosis is positively established; after this intramuscular in-

jection of salicylate of mercury in high doses (2-4 grains) for three months. A pause should then be made for 3 months, and a serum test taken at the end of that period. Eventually there should be a second course of the same treatment.

The time that has elapsed since the introduction of Salvarsan has been too short to form a definite opinion as to the permanency of the result. The wonderful progress, however, that has been made in the treatment of lues within the last few years gives us justified hope, that the number of those incurable cases of tabes and paresis will be greatly diminished in the future.

Before leaving the subject of Salvarsan I wish to emphasize the point, that its administration should not be undertaken in any case without the operator having had the opportunity of becoming perfectly familiar with its preparation, method of administration and after effects, that are to be expected to follow its use.

THE ACUTE ABDOMEN.*

By WILLIAM FREILE, M. D.,
Jersey City.

Down through the centuries the fascinating story of medicine is tinged with much melancholy. For ages, the practice of the healing art was held in the fog of superstition: dominated by tradition, the treatment being dependent upon chance, or on symptomatic indications, without basic facts.

One can hardly realize that scarce half a century ago our hospitals reeked with the noisesome odors of sour poultices and putrid pus. The preparation for operation was simplicity itself, and consisted in donning a blood-bespattered coat that had seen much continuous service. An assistant—similarly clad—was armed in his buttonhole with wax ligatures so that his chief could conveniently pick them. The mortality was shocking. The abdomen was sacred to disease, the only acquaintance being a post-mortem one.

A diagnosis of peritonitis was equivalent to a death warrant, and after bleeding, poulticing and narcotizing, the practitioner (resigned to "the will of the Lord") waited, and in nearly every case proved the correctness of the gloomy prognosis. In these chaotic days, peritonitis of the "idiopathic type" was prevalent, and "catching cold" a prominent etiological factor, as it was then an explanation of many phenomena.

The development of anaesthesia coupled with Listerism, soon showed marked improvement. Then pathology—the jealous mistress who is intolerant of second-hand evidence, and invariably leads to the study of origin—began to take her place in the household of medicine. Now a Missourian aspect is rampant, and surgery has been put on its mettle. The abdomen is ventilated and renovated.

Good surgery is nearly all good diagnosis, and the treatment of ventral lesions has been a great educator in living pathology.

Surgery is often brought face to face with many sad conditions, but none more appalling than that characterized as acute abdomen. By this is meant the occurrence of an intra-abdominal lesion, whereby a grave insult is offered the peritoneum, and unless prompt intervention is instituted, a swift, progressive peritonitis results, with often a fatal termination.

In considering the reasons for the gravity of general peritonitic infection, we must not forget the extent of the cavity, which is very nearly equal to that of the integument. We know that if one-half the skin be destroyed, e. g., by burning, the prognosis is dubious, and if three-quarters—practically fatal; so when the peritoneum is involved to a similar extent, the parallel is striking. Furthermore, the peritoneal cavity is not an actual space, and therefore, effusions are produced, accentuated by the multiplication of pathogenic agents which this stagnation favors.

In the abdomen are hollow organs with septic contents, accidental or surgical opening of which exposes the serosa to infection. Infection occurs under certain conditions without any opening in viscera. Exudation of septic products may take place, and this issues a note of warning—to handle or traumatize as little as possible any disabled viscera when operating.

Notwithstanding the dark side of this picture, there are some helpful circumstances, and first of all, we have the positive abdominal pressure, which has been estimated in the pelvis to be equal to a column of water eight feet high. Consequently, fluids have a tendency to escape and drain, primarily into the pelvis, and to the exterior, if exit be provided. Again, the abdominal cavity favors protection from the nature of its partitions. The transverse

* Read before the Hudson County Medical Society, December 3, 1912.

mesocolon makes an upper sub-diaphragmatic space and a lower extending to the pelvis. The small omentum further subdivides vertically the upper section. In the pelvis the uterus and broad ligaments form divisions which influence propagation and location of infection. Furthermore, the rapid adhesion of peritoneal surfaces is a safeguard to the economy. One may have suppuration in a wound post-operative but the peritoneum has immediately sealed itself, and no involvement occurs.

The causes of acute abdomen are so many, that in this connection I shall only outline them, and trust the discussion will supply details. Appendicitis (owing to our familiarity with this condition, and the frequency with which it complicates other lesions, and the tendency to jump to conclusions, the appendix is often blamed when not guilty). Acute inflammation of the gall bladder. Mesenteric thrombosis—tumors and cysts. Omental cysts or acute torsion of the mesentery. Gastric, duodenal or jejunal ulcers. Obstruction to the bowel by the appendix—Lane's kinks. Meckel's diverticulum, intussusception, adhesions. Hernias—strangulated, internal or external. Pancreatitis—acute—the most often overlooked, and therefore most fatal of upper zone lesions, and the one whose cries will not be stifled by opiates. Spleen, prolapse with acute torsion. Rupture of an infected spleen. Kidney—ruptured. Ureter—stones, twists, kinks. Traumatic rupture of a viscus. Uterus and adnexa. Extra-uterine pregnancy. Certain infection of tubes. Cystoma or pedunculated fibroid with twist of pedicle. Paracentesis abdominis, when improperly performed, or not clearly indicated.

In many of the conditions just cited, a very careful history will often give a clue to diagnosis, but frequently the very sick state of patient, or his lack of observation precludes any more than a surmise.

MANIFESTATIONS.

In these cases it is often difficult to synchronize symptoms with seriousness, but all acute abdominal symptoms are to be looked upon with suspicion, no matter if the infecting agent be pus, bile, blood, etc.—all may be dangerous and pernicious. Peritoneal shock often obscures symptoms, making it difficult to form correct estimate of true conditions. Frequently there is a lull in activity of symptoms in early part of the disease. Unless improvement persists for twenty-four hours, it is only the calm before the storm. Temperature—variable, and not of much account. May be subnormal. Pulse—significant. Anything over two figures means mischief. Pallor or anxious countenance, abdominal pain and rigidity nearly always constant. Vomiting—not trustworthy. There may be few or no alarming symptoms even with mortal injury.

Whatever the character of the individual organ involved, if the countenance be shrunken, pale or ashen, patient tired and weak with sinking through the bed sensation, if paresis of the intestinal tract be in evidence—he is developing a peritonitis, which cuts off nutrition, destroys nerve force, and the foundation of life is undermined. These lesions are often "sudden in onset, rapid in progress, obscure in manifestation, deceptive in appearances, and disastrous in their results."

What shall be done for these cases? Since the revolution of surgery in the last three decades, peritonitis has been stolen from the medicine man. The law of evacution—a law as old as the profession itself—is the sine qua non. The mortality of acute peritonitis is still high, even when operated on by most approved methods, but a great deal of this is due to the fact that the disease has overwhelmed the resisting power of the patient before interference. Acute peritonitis can be cured, since its cause is suppressed, even if all infected material be not evacuated. A precise diagnosis must be made, and if necessary should be made surgically, and the cause of affection stopped. To be effectual, operation must be early to prevent spread, and rapid to limit intraperitoneal maneuvres, leaving the peritoneum its phagocytic powers. The axiom get in quick and get out quicker here obtains. Incisions must be ample. If the lesion is suspected in the upper abdomen, an incision through or at inner edge of rectus. If not definitely known the median incision is best, as it gives easy access and does minimal harm.

Nowadays one who has seen much of abdominal lesions knows full well that he is not endowed with any prophetic instinct as to what may happen, and not being prophetic, delay means the opportunity of solving the case post mortem. Surgery may have received some stigma in these cases, but really it is the Micawber theory—waiting to see what will turn up—that is responsible for the poor results.

Unfortunately most of these cases are seen surgically in the tragic stage, with be-

ginning cyanosis and snappy pulse, and are really nearer the florist than the surgeon.

SUMMARY.

1. Acute abdominal conditions are surgical cases.

2. An accurate diagnosis must be made, and a surgical one is safest.

3. All dilly-dallying treatment is to be condemned.

4. A clear recognition of the lethalness of these cases.

5. A prompt evacuation of noxious products with removal of cause.

By adopting this plan in these cyclonic tragedies, while some mistakes will be made they will be fewer, and the Grim Reaper will be cheated in the harvesting of many lives which speedily go down to destruction from the explosion of acute abdominal lesions, and ere long another star will be added to the already brilliant crown of surgery.

Dr. G. K. Dickinson, in opening the discussion, said he agreed that good surgery meant good diagnosis, not only before operation, but during operation. In other words, that a man should be able to quickly diagnose and recognize the tissues, etc., as the operation proceeds, and that failure to do this results in fumbling and waste of time, and it was not good surgery. He emphasized the necessity of being very much alive to any acute condition in the abdomen. He thought that most diseases have a symptomatology not found in the text books which recite typical cases, and that after years of experience, he concluded that there are many atypical ones, and we must look to pathology for the explanation of all symptoms. He called attention to the difference of symptomatic manifestations in different races. He considered that to make a diagnosis in acute abdominal conditions will very often require most persistent and intelligent study, and notes of all such cases should be made and kept for future study and reference.

Dr. O. R. Blanchard, continuing the discussion, related the difficulties of diagnosis in acute abdominal conditions, and cited instances of disease of the gall bladder evidencing itself as peritonitis and vice versa, and he dwelt on the difficulty the physician frequently experiences in convincing the patient of the necessity for avoiding fatal delay in acute abdominal lesions.

The discussion was carried further by doctors Faison, Strasser, Sexsmith, Dodson and Swiney.

SORE THROAT AND DIPHTHERIA.*

The Need of a Local Bacteriological Laboratory.

By Hyman I. Goldstein, M. D.,
Camden, N. J.

Several recent occurrences have prompted me to write on this subject, although, on hurried thought, a thoroughly understood one. I take the opportunity to write this paper without having to make an apology, although much has already been written and said concerning these conditions. However, by way of explanation, I will enumerate some of the reasons for presenting this subject this time.

First.—The large number of epidemics of sore throat that have occurred in Boston, Philadelphia, Baltimore, New York, Chicago and in our own city.

Second.—The recent epidemic of diphtheria in Camden, and the edict of the local Board of Health, that physicians shall report cases of tonsilitis as a contagious disease.

Third.—The notice given to physicians by the Board of Health, that they should send culture smears to the State Board of Health Laboratory at Trenton, and to keep all cases of diphtheria under quarantine until negative reports are received from the State Laboratory.

Fourth.—The length of time it takes to send a specimen to Trenton and to receive a report on same.

Fifth.—The passage of a law July 6, 1911, by the Legislature of New Jersey, that the physicians shall receive from the disbursing officer, the sum of ten cents for each case of contagious disease (tonsilitis apparently included) reported to the Board of Health—vide Chapter 381 of the Laws of 1911, and printed in Circular No. 125, page 2, of the State Board of Health Laws.

Sixth.—The delay in opening the Municipal Hospital in Camden.

Seventh.—The serious and numerous complications and sequelae that may arise during the course of and following these sore throats.

Eighth.—The conflicting opinions of different investigators as to the contagiousness of tonsilitis (certain types).

Ninth.—The recent reforms and the de-

* Read before the Camden County Medical Society, December 10, 1912.

velopment of more scientific and specific methods of treatment of these conditions.

Tenth.—The very common and daily occurrence of cases of sore throat in every doctor's practice.

Eleventh.—The various exciting and predisposing causes of these diseases.

Twelfth.—And, finally, the unecessary and ofttimes serious delay sometimes entailed in waiting for a bacteriological report, and the prolonged quarantine, because of positive cultures persisting in some of our apparently cured patients, causing much untold hardships to some of the patients and much friction between the attending physician and relatives of the patient, especially those in business.

Sore throats often present considerable difficulties, both in diagnosis and treatment, and are at times amongst the most anxious cases that the doctor is called upon to treat in his practice, especially among children. The complaint of a child to its mother of a sore throat fills her with anxiety, and she immediately sends for the doctor. The doctor having arrived, her first question is "What is it, doctor? Is it serious? Is it diphtheria?" The physician is expected to give the diagnosis forthwith. At times this can be done, but in numerous cases the diagnosis presents many difficulties and it is always advisable to exercise reserve in giving a definite opinion.

The tonsils are a great source of trouble to many people, and are subject to various forms of inflammations; streptococcic and pneumococcic sore throat, lacunar (follicular) and parenchymatous tonsilitis and the local manifestations of diphtheria.

What is tonsilitis? Its cause? Is tonsilitis contagious?

Acute tonsilitis is an inflammation of the parenchyma of the tonsils and of the lacunae or crypts in those organs. The most important predisposing cause is the rheumatic diathesis. Rheumatism has been assigned as the poison which causes about 50 per cent. of these cases of acute tonsilitis and it is—in children at any rate—a very common fact, and frequently an easy matter, to trace a history of rheumatism, either in the patient himself or in the other members of his family. A most common exciting cause is getting the feet wet. At times the disease is so prevalent that it would seem that some infectious germ was in the atmosphere capable of exciting the disease. Where one member of a family has acute tonsilitis, other members are subsequently often attacked, so that the disease is, at times, considered contagious. But exposure to certain of the known contagious diseases, especially scarlet fever and diphtheria, frequently is followed by an attack of acute tonsilitis—the bacteria most commonly found in the exudation are staphylococci, streptococci and psuedo-diphtheria bacilli. I desire to emphasize the fact, that although several cases have occurred repeatedly in the same family, we cannot say that this occurrence is sufficient to prove that the disease was propagated by contagion and, therefore, should be reported as a contagious disease—since this fact is explicable on the supposition of the patients being equally exposed to an epidemic influence—as infected milk, etc. Also, that there is a marked discrepency in the intervals separating the cases successively occurring in the same family.

These sore throats resemble influenza, are not scarlatinal and may similarly be associated with rheumatism and there may be a pathological (streptococcic) relationship between them, it must not be assumed that all tonsilitis is necessarily rheumatic.

The tonsils present a deposit of a white material in patches of greater or less size. This material plugs up the lacunae and consists of epithelial cells, pus cells, granular matter, and bacteria. In case of streptoccic sore throat, a culture from a swab will give either a pure growth of streptococcic pyogenes aureus or a mixed growth of staphylococcus and streptococcus.

Several writers have reported epidemics of sore throat that have prevailed in Chicago, Baltimore and Boston for several months. The infection was characterized by a sudden onset with severe protraction, by grandular enlargement, and frequently by serious complications. The organism isolated was an encapsulated hemolytic streptococcus of high virulence. It appeared to occupy a position between the ordinary hemolytic streptococcus and the streptococcus mucosus. It was not a pneumococcus. The capsule and high virulence were probably the result of frequent human passage and might serve to explain the unusual tendency to complications and the general severity of the disease—this was suggested by the increase of the capsular substance on animal passage and its loss on artificial media. Several others have reported the incidence of this recent epidemic of sore throat.

In Chicago, it was conservatively estimated that over 10,000 persons were victims of epidemic sore throat. Of the total of

622 cases investigated, 87 per cent. were users of milk from a certain dairy—Dairy X. Of nineteen fatal cases investigated, 79 per cent. were users of this milk. A comparison of the prevalence of sore throat among consumers of X milk with that of consumers of milk from another dairy in the same neighborhood showed that the morbidity ratio was fourteen times as great among the former as among the latter. An epidemic of mastitis involving 4.6 per cent. of the cows supplying milk to Dairy X occurred during the winter months. Sore throat of the epidemic type prevalent among the farmers and milkers supplying Dairy X. Often, bovine mastitis and human sore throat prevailed on the same farm at the same time. A virulent streptococcus was isolated from the milk of a cow with mastitis and from the throat of a girl on the same farm, who had been ill with sore throat and arthritis. The days on which the most striking failures of pasteurization occurred, shortly preceded the great outbreaks of sore throat. This disease may be both milk-borne and milk-bred. In Baltimore, last winter, an epidemic of sore throat broke out, similar to the ones in Boston and Chicago. The most common organisms found were the pneumococcus and streptococcus. According to Hirshberg it was impossible to prove milk, water or food responsible in the spread of the epidemic. The Boston epidemic had been accredited to infection from a certain milk supply, but this was not proven. Doctor Jacobi had always spoken of streptococcus sore throat as a contagious, infectious disease, but that was in the early days of bacteriology.

Now, if we assume that the infection occurs through milk, what is the point of entry? It seems, from the Boston and other epidemics, that infection could occur through the tonsils without difficulty; although some of the cases may have been infected through the gastro-intestinal tract, as several of the cases had peritonitis, in these gastro-intestinal cases, the tonsilitis might be considered to be hematogenous origin. Were different streptococci the cause of the different epidemics? The epidemics in the different parts of the country resembled each other very much, and it seems that they are the result of one definite cause. From the reports made, it seems that many of the patients were infected through the milk directly, and that secondary cases were few, if any, that is, the infection of streptococcic sore throat was probably not carried by direct contact or proximity, but—as I have suggested above—by being equally exposed to an epidemic influence,—as infected milk, that is, not truly a contagious disease, but only an infectious disease.

Symptomatology and Treatment. The most striking clinical picture in these epidemics was the sharp onset, with the invasion always in the throat, high fever, general adenitis, great severity, relatively slow pulse, and a grayish white membrane spread over a large part of the tonsils. The onset and general appearance of symptoms differing from diphtheria, and should early be differentiated from this disease, as much valuable time may be lost waiting for improvement from the improper use of diphtheria antitoxin in this non-diphtheritic sore throat.

The acute symptoms subsiding in a few days. Among the complications may be mentioned otitis-media, brain abscess, meningitis, endocarditis, peritonitis, erysipelas, orchitis, arthritis and septicemia.

Blood cultures are most always negative (except in septicemic cases). Hemolytic streptococci are shown on smear cultures from the patches on the tonsil. The tonsils usually present a deposit of a whitish-gray membrane or patches, closely resembling that most treacherous disease. Fortunately, the usual types of sore throat seen in our city have not been of a very serious character. The cases which I have had in this city show the follicular secretion forming a pultaceous deposit, not a true membranous layer like the deposit of fibrin and cannot be removed in strips like the latter. The patches are more prominent than those formed by a layer of fibrin and their borders are more abruptly defined. They are more easily removed than patches of fibrin recently exuded and they disappear spontaneously more quickly. Finally, on close inspection the secretion will be seen to dip into the follicular depressions. The follicular deposit occurs without any abrasion of the mucous surface. The other symptoms of this Camden type of sore throat are those of severe follicular tonsilitis, are well known and I need not describe them. I have recently had a large number of cases of sore throat, in a number of which the diagnosis of streptococcic (non-diphtheritic) sore throat was made. Out of a total of eighty-five cases investigated, only three smear cultures from the throat showed Klebs-Loeffler diphtheria bacilli. These three cases had been diagnosed as diphtheria and anti-toxin was administered

before the report was received from Trenton. The other cases were typical cases of follicular tonsilitis and were not contagious. Should these cases be considered as reportable diseases?

The delay in waiting for a report from Trenton may at times prove dangerous. It is, therefore, my custom to inject a prophylactic dose of diphtheria antitoxin in cases that are at all suspicious. What we need in Camden is a bacteriological laboratory and an experienced man in charge, the laboratory to be under the control of the city Board of Health. I hope that such a laboratory will soon be considered by the Board of Health, and that the municipal hospital will be opened without much further delay.

Streptococcic sore throat and the cases of severe follicular tonsilitis, I treated as follows:

1. The early use of mixed streptococcic vaccine (Schieffelin & Co.) subcutaneously has given me remarkable results. The anti-streptococcic serum may also be used, but this is better resorted to where the condition becomes general. The bacterial vaccines are most useful, because these conditions as a rule are localized or semi-localized infections.

The anti-streptococcic serum contains anti-bodies and, therefore, when the condition of the patient is such that he cannot produce his own anti-bodies, we use this anti-serum. But, where the condition is only localized, as in these cases of sore throat (except septicemic cases and cases of diphtheria) we do not need the anti-serum, and get the best results from a *bacterial vaccine,* this does not contain anti-bodies, as the patient supplies his own anti-bodies; the vaccine simply stimulates the body to produce an extra-ordinary supply of anti-bodies, thus enabling him to resist the disease. The ones used were Schieffelin's mixed vaccine (Lederle's) and Van Cott combined vaccine (Parke, Davis). What the differences are between the bacterins (vaccines) and the anti-serum, are probably well known by all, and need not be further gone into here.

2. I apply to the tonsils a solution of silver nitrate 80 grains to the ounce, once or twice daily, at times a stronger solution may be used.

3. Prescribe: a mild antiseptic gargle, to be used every two hours or oftener.

4. Fractional doses of calomel, until free catharsis occurs.

5. Ice bags applied as needed.

6. Salicylates and Dover's powder, to reduce temperature and quiet the pain.

7. Plenty of liquids—in water, milk, lemonade.

8. Of late, I have been using acetyl-salicyclic acid (Aspirin) both locally and internally. In September, 1906, in American Medicine, Dr. C. F. Kieffer called attention to the efficacy of Aspirin locally applied to the tonsils in acute follicular disease.

Before applying the aspirin, it is advisable to remove as much of the exudation and mucus as possible; for this, a weak solution of bicarbonate soda, or Dobell's solution may be mopped over the patches for the purpose of clearing them away. After the tonsils have been cleansed, finely powdered aspirin is applied to them, on a moistened piece of cotton held on an applicator. The powder can also be applied by a blower.

Before any local applications to the tonsils are made, I always take a smear from the throat and have it examined for bacteria, diphtheria, etc. Should the case be a severe one, I administer a prophylactic dose of antitoxin while waiting for the report of the culture.

A *local laboratory* is certainly a necessary department of the local Board of Health, and should be established at once—this would save much time and markedly aid in avoiding disastrous epidemics and many deaths.

Diphtheria.—The symptomatology of this treacherous disease is so well known that I need not dwell on that part of the subject. I desire to point out several facts which may aid in the *diagnosis and treatment of the disease.* In the Deutsche Medizinische Wochenschrift of August 22, 1911—Conradi and Bierast as a result of personal studies, conclude that in about one-third of all cases of diphtheria, virulent bacilli reach the *urine* and are often in position to *propagate the infection.* The urine, therefore, of diphtheria patients should be disinfected as long as it is infected, or as long as infection is possible. Delbanco and Haas in Deutsche Medizinische Wochenschrift, November 12, 1912, published recently an article on anal diphtheria, in which they bring attention to the fact that diphtheria and leprosy may be disseminated by means of the feces and urine, and that these findings make it imperative to disinfect these excreta.

As to the *determination* of the presence of bacilli, in the Munchener Medizinische Wochenschrift of July 23, 1912, Conradi

and Troch described a new culture medium for the isolation of the diphtheria bacillus, which is briefly as follows: Ten gm. of meat extract, 5 gm. of sodium chloride, 20 gm. of peptone (Witte) and 6 gm. of calcium acetate are added to 1,000 cc. of water. The mixture is placed over the water bath for one-half hour and filtered. The filtrate is slightly acid and 1 per cent. of grape sugar is added to it. One part of this mixture is added to three parts of fresh sterile blood serum and to 100 cc. of this blood serum mixture 2 cc. of a 1 per cent. solution of potassium tellurite is added. The mixture is then shaken and distributed in Petri dishes. The mixture is allowed to congeal and is then ready for use. The original culture of the suspected material is made on Loeffler's blood serum, this is incubated for three hours at 35 deg. C., and then a culture is made from it on the tellurium plate. This plate is incubated for 24 hours at 35 deg. C., and the original Loeffler plate may be allowed to continue to grow for 8 hours. If diphtheria bacilli are not shown on the Loeffler cultures, we may still be able to find them on the tellurium cultures, thus avoiding mistaken diagnosis. This method avoids much delay in sending repeated specimens and incorrect reports of the presence or absence of true Klebs-Loeffler bacilli. This also avoids prolongation of the quarantine, as pseudo-diphtheria bacilli cannot be mistaken for true K. L. germs. The diphtheria colonies will be colored black, the result of a reduction of tellurium dioxide. Even the diphtheria bacillus contains these unmistakable black spots.

In treating cases of diphtheria, be sure *it is* diphtheria and not a severe case of streptococcic tonsilitis. I believe that many cases of sore throat reported as diphtheria (without culture reports) are in reality streptococcic infections of the tonsils; it is in these cases that diphtheria antitoxin brings no improvement and we often are disappointed. Here antitoxin is not required, as it is a local disease due not to K. L. germs but to streptococci, etc., and we should resort to the early use of bacterins (mixed). In cases where the diphtheria germs are present, never be slow in using large doses of antitoxin. "The only harm, in the use of antitoxin, is not giving enough." Only recently, I was called in to see a baby fifteen months old, which on examination was seen to have nasal, pharyngeal and laryngeal diphtheria of the worst type. The child was ill for 5 or 6 days. I immediately injected 15,000 units of antitoxin, repeating the dose during the next twelve or fifteen hours. I saw the case again in an hour, when I decided to intubate, which Dr. Levi B. Hirst did without difficulty. The child showed signs of improvement in 10 or 15 hours—truly a wonderful example of what diphtheria antitoxin can do! This baby received in all about 36,000 units of antitoxin. The important points in the treatment of diphtheria are:

1. The early and free use of antitoxin. Dr. William H. Park, at the New York Academy of Medicine, on November 7th, 1912, recommended the use of a single large dose of antitoxin to be administered intravenously, especially in severe cases.
2. Disinfection of urine and other discharges.
3. Intubation early, if indicated at all.
4. Treatment of cardiac failure.
5. The use of straphylococcus aureus suspensions (Schiotz), in cases where K. L. germs persist in the throat.

The treatment of cardiac failure resorted to by me in cases of diphtheria is as follows:

1. The head is kept low, to prevent cerebral anemia.
2. Foot of bed should be elevated.
3. Patient should be warmly clad.
4. Hot water bottles placed in bed.
5. Nutrient enema as required.
6. Hypodermic use of Atropine sulph. grain 1-100; Strychnine, grain 1-60; Adrenalin chlorid, sol. (1:1,000) m. V; water m. V. Every four hours.
7. Thirst quenched by the administration twice daily of normal saline solution. Teaspoonful doses of iced water.
8. Precordial pain relieved by the frequent application of hot fomentations.
9. Constipation combatted by small quantities of glycerine and water as enemata.
10. Absolute quiet.

Finally, as to the removal of the diphtheria bacilli from the throat of patient and diphtheria carriers, enabling the Board of Health to remove the quarantine without too much unnecessary delay.

M. L. Holm in the Journal of the Michigan State Medical Society, June, 1912, reported the use of the normal bacterial flora from the mouths of healthy individuals. He inoculated a sterile swab from a normal mouth and rubbed it over the mucous membrane of the mouth and pharynx of the carrier. No mouth wash should be used for at least six hours, and after the appli-

cation of the bacteria, no antiseptic washes are to be used. Of course, the danger of this method is the transferring of other infections. Therefore, it is more advisable to use cultured bacterial suspensions. This has been done and several reports have been made on this method—by Schiotz, W. F. Lorenz, M. P. Ravenel, Geo. D. Blake, and others. Lydia M. DeWitt, in Journal for Infectious Diseases, January, 1912, has carried out an extensive series of experiments in animals. Of thirty-two animals inoculated with diphtheria and afterward treated with a staphylococcus culture, a number became free of K. L. germs, very quickly. The staphylococcus suspension should be applied in spray form, and negative cultures for diphtheria may be obtained within one week. The preparation recommended is a fresh suspension of the staphphylococcus pyogenes aureus in normal saline solution or a bouillon culture about twelve hours old. An amount is used which is sufficient to produce a "dripping-wet" condition of the pharynx and nasal cavities.

The following is the list of cases of Diphtheria and deaths reported to the Camden Board of Health (1912):

August, 11 cases, 1 death; September, 73 cases, 5 deaths; October, 67 cases, 10 deaths; November, 67 cases, 6 deaths. In all 218 cases with 22 deaths, or a mortality of 10 per cent.

CONCLUSIONS:

1. The local Board of Health should exert all means and establish a local laboratory of hygiene. A bill should be passed by the Legislature this winter, providing for a bacteriological laboratory in every county of the State, thus enabling the physicians to obtain quicker reports, from cultures, smears, etc. Or, else, the various city Boards of Health, should provide for city laboratories for its physicians.

2. The Municipal Hospital should be opened without delay.

3. The Board of Health should be in a position to supply free antitoxin in unlimited quantities, if needed, to persons unable to pay.

4. That good results are obtained from the use of Bacterial vaccines in acute septic tonsilitis.

5. The overriding of diphtheria bacilli with staphylococci removes them from the throat.

6. The urine contains diphtheria bacilli in 33 per cent. of the cases. We should, therefore instruct persons to disinfect all discharges from diphtheria patients, including the urine.

7. Tonsilitis is an infectious disease—very often streptococcic—but is *not contagious.*

8. The usefulness of the new method of Conradi and Troch, for the determination of diphtheria bacilli should be recognized and further investigated.

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Subacromial (subdeltoid) bursitis is probably the most frequent single cause of persistent shoulder disability after slight trauma. Localized tenderness, frequently disappearing when the arm is raised, is always present in the acute cases. Limitation of abduction and external rotation—by pain or spasm or adhesions—is usually present. In some cases pain or clicking is felt at the end of motion. A skiagraph will definitely establish the diagnosis if it shows thickening or calcareous deposit in the bursa, but a negative X-ray finding does not exclude bursitis. The condition must be differentiated from neuritis, tuberculosis, arthritis, fracture, etc.—Amer. Jour. of Surg.

THE PROBLEM OF MENTAL DEFICIENCY IN ITS RELATION TO THE MEDICAL PROFESSION.

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The problem of mental deficiency in its direct bearing upon the present and future race represents a subject of most vital importance to the medical profession and the alleviation of the distressing conditions wrought by this class of patients must be accomplished through their interested and energetic endeavors. Definite explanation regarding the transmission of defects of the nervous system would be superfluous in the face of the well known work on heredity, which has proven that the matings of two mental defectives can never beget normal offspring, and also the amazing exactness with which these defects are transmitted, where defects in the nervous system have previously existed.

It has been estimated that eight thousand mental defectives are at large in the State of New Jersey. This census is not a scientific deduction, nor is it accurate. The physician, the psychologist, the school teacher, the judge, the social worker, the philanthropist, etc., have all expended more or less misdirected energy in this work.

The foundation of this important work, its treatment and prophylaxis, must be planned with definite relation to every problem which it represents. We must first of all determine what is feeble-mindedness, and by careful and scientific research bring out the important medical and sociological etiology. Distinct types and defects must be differentiated, and the causes which have affected the present generation must be prevented from affecting those of the future.

The rank and file of all the professions will be called in to play their specific role in this human drama and must have assigned a definite place in relation to the work to be accomplished. But the foundation in its entirety must be directed by medical experts. The relation of feeble-mindedness to crime, of feeble-mindedness to poverty and its deadly action in the schoolroom, the home and throughout all social life, demands the attention and cooperation of the medical profession.

England and Germany have recognized the importance of centralizing the control in a medical bureau. New Jersey, at the last session of the Legislature, approached this plan more nearly than has ever before been attempted by passing the appended law, at practically no increased expense to the State, by simply adding to a Department already in existence, the State Board of Health, one additional subject to investigate—thereby obviating the necessity of organizing an exhaustive and costly plan of work and training new officials, with the necessary defects and training in a new organization.

The State Department of Charities and Corrections will find it impossible to divide the State into distinct working centers for a long time to come. The above procedure takes effect immediately; is bound to bring in a large number of accurate scientific statistics at once, if you cooperate; and will educate the public in the important measures of prophylaxis through the moral effect of the law.

From lack of funds and to await the training of experts to control districts, the law was framed to obligate each practitioner to report every case of mental deficiency coming under his observation to the local board of health, which in turn reports it to the State Board of Health monthly, in duplicate, the duplicate copy being transferred to the Commissioner of Charities and Corrections for final action. The Commissioner of Charities and Corrections is legal guardian for every assured mental defective person in the State and is given authority to provide for his care and training.

This has placed a tremendous responsibility on the Commissioner, who can only meet it by the proper aid of a wise and generous legislature and the perfect cooperation of the medical profession. The feeble-minded child recognized by practicing physicians or school inspectors and reported to the Board of Health, should receive remediable medical and surgical treatment, if indicated, from early age and his treatment and training prescribed, as in that of any other medical case. Then the cretin, the defective through physical defect and deprivation would be detected sufficiently early for correction.

All physicians are familiar with examples of neglect in the care and treatment of just such individuals, all of whom are potential criminals. Those who might have been saved from becoming the vic-

tims of disease and prostitution, and who have cost their families much sorrow and care, and the State increased burden and expense. Had they been observed and recognized early enough all of this might have been avoided. Yet today our schoolrooms, institutions and homes are crowded with hopeless cases, our prisons and reformatories misappropriated to the custody of deficient children, grown old in the history of crime and shame.

The latter sections of the law, which treat of the supervision by the Department of Charities and Corrections, are very important. The insane, who are much less dangerous to society than the mentally deficient, are provided for by law. Contagious diseases, which are usually in themselves a barrier against the ignoring of quarantine laws, have had thrown about them laws of the most stringent nature, and have had spent upon them millions for the study of "public health." Yet this class, the mentally deficient, whose liberty proves far more hazardous to themselves and society than any of the before named afflicted, have practically no laws regarding their care and treatment and there is practically no money expended upon placing about the majority of them and society even elementary safeguards.

The After-Care Committee of England in 1908, a Committee authorized by the Royal Commission, in its study of 308 feeble-minded persons who had left school, found that of these only 19.8 per cent. were earning wages at all, and of these only 3.9 per cent. were earning as much as ten shillings a week, five-twelfths of an ordinary mechanic's wages. This Commission estimated that there were 35,662 feeble-minded in England and Wales. These statistics were obtained through the efforts of medical officers.

Cretins and other cases in homes, whose condition is too retarded for school would be apprehended through the registration clause, treated and provided for or supervised. Those higher types, comprising the high-grade defective delinquent, would be kept in evidence, if not in institutions, and noted regarding change of residence, possible marriage and misbehavior.

The relation of feeble-mindedness to crime, the relation of feeble-mindedness to poverty and to every other form of social and medical evil is known and needs no emphasis on my part. It is within recent years that this subject has become a live one, and the general public, as well as the medical man, has awakened to the fact that something definite must be done to protect the mentally deficient, who are perpetually coming under the subjection of different authorities and being permanently cared for by none.

From the charts, types and curves deduced in the etiological histories of these patients, can we question the importance of concerted and immediate action, and will not each general practitioner in a common interest cooperate and shoulder this responsibility, which is his? The State Institution for Feeble-Minded stands ready to present their material for clinical study to any physician who wishes to familiarize himself more closely with this work, or to any medical society desiring to consider it. By co-operation and study of the problem for which so few are now trained, *you,* readers, can be the ones to hand to the legislature the facts for which they stand in waiting—the convincing proof and accurate statistics of the magnitude of the work that can and ought to be accomplished.

I trust I am not asking too much of the medical profession of New Jersey, that they will be a unit in demanding that the law passed last winter shall have a fair and impartial trial. May we ask of each member that he will see or write to the members of the Legislature insisting that there shall be no change in the law. All are familiar with the increase in Insanity and Epilepsy not only in our State, but all over the country, and beyond all question the mental defective is a factor in this increase. When we consider that 24 per cent. of the revenue of our State is now used for the care of the insane, is it not time to stop and carefully consider if the time has not arrived when we should decide that this important problem must be solved, and the remedy applied. The careful study, registration and classification of mental defectives is one of the most necessary and important in this direction, and upon you as reputable physicians of New Jersey rests the responsibility to carefully take up the work which means so much for the development of sound mentality in the future.

To Dr. Madeline Hallowell, Medical Superintendent of the State Home for Feeble-minded Women, I am indebted for much valuable data and statistics in this article.

PHYSICAL DEFECTS IN THEIR RELATION TO PENAL DISCIPLINE.

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In some instances those having charge of the discipline and confinement in penal institutions do not realize the great bearing that physical defects have in regard to the harmonious relations between the prisoner and the officer immediately in charge. Often a prison physician is asked if a certain prisoner is sick and consequently unable to do the same amount of work as his normal fellow. He may not be sick in the sense that he has a high fever, tonsilitis, or chronic phthisis; yet he may be fully incapable of competing with the fellows whom he is supposed to equal from the point of getting out a task, and that very incompetency may have been the cause of his dislike for work, and eventual commitment to a penal institution.

The unfortunate part of the medical work in penal institutions is the vast amount of malingering, and one gets to feel that truth is a very rare asset on the part of prisoners, thus the necessity for more careful observation on the part of the physician. That same element of untruthfulness causes great distrust as to the sincerity of the prisoners, on the part of the officers in charge, and their task is often very difficult in order to be fair and just in all cases. I will endeavor to cite cases that have been under my observation in The New Jersey Reformatory. According to the various intelligence tests about forty per cent. are mentally defective, with the consequent result that these particular boys do not have proper coordination of muscles, some being of such low order that they cannot do the simple strength tests given them at the time of their preliminary medical examination, and often these very cases look to be physically perfect as far as their muscular development is concerned. In these cases it is an utter impossibility for them to concentrate their minds or coordinate their muscles except on the simplest forms of work.

The matter of defective eyesight enters very largely into the cases of incompetency for certain kinds of work. In this institution a boy was assigned to work in the shirt shop working on a power sewing machine. He was unable to get out his task but was shown leniency on the part of the officer in charge. Finally, however, he was notified, and properly so, providing that he had been normal, that he must get out his task, he was punished because he did not do so. Then in his attempts to work more rapidly he would run the needle through his finger which the officer thought he did intentionally in order to be given a change of work. At last he came under my observation and while he had stated that he could see well when he entered the institution yet he was suffering from a high degree of hypermetropic astigmatism, had only one-tenth normal vision, and would not have been able to recognize the features of his own father across the street.

One day the Director of Education brought a boy into my office and said that he was sure that the boy could not see well. His record in discipline was rather bad. He was suffering from a high degree of myopia with only one-fifth normal vision, and after being fitted with proper glasses began to like work and school and do better in the matter of discipline. In the New Jersey Reformatory about thirty per cent. suffer from such defective vision that it would be difficult for them to do close work with comfort.

During the past summer one hundred boys have worked on wheelbarrows doing grading, some have liked the work because of the advantage of physical development, on the other hand some thought of every excuse in order to be relieved from the work. Many complained of pains in legs and feet. While a good many were malingering yet about thirty per cent. of all inmates suffer from flat feet, and all medical men know the painful condition caused by falling arches and flat feet, especially when the individual is on them all day.

Through the efforts of the Superintendent—Dr. Frank Moore—a regular dentist has been engaged at The New Jersey Reformatory and devotes a portion of his time doing the needed work of filling and extracting teeth. Prior to his coming, thirty-two per cent. had badly necrosed teeth. When an inmate has suffered from an acute odontalgia for twenty-four to thirty-six hours he is not very amenable to institution discipline.

The matter of nasal obstruction with the various causes, constitute about forty per cent. of all inmates, with the varying symptoms, such as catarrhal conditions, mouth

breathing, and the pressure of turbinate bones that causes disagreeable headaches.

The "Great White Plague" is a menace to humanity in general, but a still greater one to those confined in institutions, and the criminal represents a class of people who have a much greater tendency toward tuberculosis than any other. Confinement coupled with worry are the two worst factors in precipitating a break down, thus giving the small bacillus an opportunity for development. When an inmate begins to feel the malaise, notices his loss of weight, gets the afternoon fever and the night-sweats, he worries about his condition and becomes very irritable, and realizing it to be a battle for life, feels that he is not getting proper consideration. He is the one when held up to the rules of discipline criticizes the institution when out on parole, and is often joined by sympathizers in thinking his treatment in the institution the cause of his sickness which will probably terminate fatally. The tubercular class is a medical problem in all penal institutions.

Another class that causes difficulty from a disciplinary point of view, are those with a syphilitic infection. In the New Jersey Reformatory about twelve per cent. either show symptoms or acknowledge the condition. No one except the unfortunate victim knows the amount of suffering that accompanies the beginning of tertiary syphilis. Many of the cases that complain of severe and obscure symptoms of pain and are often classed as malingerers, are cases of advanced syphilis. One case in particular in this institution was working at manual labor and kept complaining of pains in his legs and head. He denied the history of an initial lesion and for some time was considered a malingerer. His detail officer had no confidence in him. Finally he developed tertiary lesions and was placed on continuous specific treatment. His symptoms disappeared and he became an enthusiastic worker.

The argument may be advanced that industrious people not in the institution suffer from similar physical defects, which is true but they are their own moral agents, choose their own work and surroundings. Then again their power of will and inhibition are sufficiently strong so that the physical defect does not force them into idleness which often leads to crime. Many are forced into crime because the incompetency that prevents them from earning a living, and, according to Dr. Wm. Martin Richards, back of every incompetency is some defect either mental or physical.

I am not arguing that the correction of defects will prevent crime nor do I ignore the elements of heredity, environment, education or moral teaching; for they all play an important part. However the careful diagnosis of cases, then the wise correction, in so far as possible, of physical and mental defects will do much toward reformation. Then again the matter of defects and abnormalties should be carefully considered before the kind of work or punishment is decided upon.

Thus far I have endeavored to deal with definite defective conditions in their relation to discipline, but the problem that gives every criminologist much opportunity for study and research, and will constantly give the disciplinarian difficulty, is that class with a psychoneurotic inhibition.

In making a study of the inmates in The New Jersey Reformatory attention has been called to that neurotic class that shows marked lack of inhibition. This class does not seem to be confined to the mental defects alone or to those whose environment has been bad. Many of the boys from this institution when placed on parole seem to have splendid chances for making good, and with the apparent determination on the part of the inmate that he will accept the opportunity that has again been given him to make good and earn an honest livelihood. In a short time he commits the same crime that has caused his trouble several times before. The above facts are of such common occurrence that the natural conclusion is that this marked lack of inhibition must be a psychoneuroses.

In this class there are many who suffer from hysterical episodes and at these particular periods, outbursts of various kinds are indulged in. A colored boy whose heredity and environment has been extremely bad, ordinarily shows a desire to comply with all rules of the institution, yet at intervals he loses control of himself and generally in a fit of temper does injury to some of his fellows.

Another inmate will take considerable time in explaining how he has fully decided to discontinue breaches of good conduct, and for some time he is exemplary in conduct, but with more or less regularity he becomes persistent in his protests against discipline.

Still another extremely neurotic case will go quietly about his work until suddenly

with no apparent cause he will begin to rub his hands, cry hysterically and try to solicit sympathy. At these periods he will often do some injury to himself, such as biting his hands, burning them with lye, or swallowing some article. Many similar cases could be cited.

Then there are those who seem to have their inhibitory powers under control while in the institution, but shortly after being placed on parole lose all sense of judgment and commit the same deed that lead them into trouble before. One boy has served three terms for forging small checks, that would not be enough in amount to aid him much financially. Another cannot refrain from stealing bicycles, but he would not steal money.

All these matters make things difficult for the disciplinarian. A boy may not be punished for having a short leg, thus incapacitating him for hard work, but a boy who is mentally lame and of greater incompetency may not have the same consideration.

There are several suggestions that would aid materially in connection with the diagnosis and treatment of existing conditions.

Inmates when committed to a penal institution should be placed in quarantine for one month—in absolute isolation from the rest of the institution. This would serve several purposes. It would prevent contagious diseases that might develop after the commitment of the prisoner. It would give the physician, the psychologist and the disciplinarian opportunity to observe the individual cases and make an exhaustive study of all defects either physical or mental, decide his mental standing and thus act as a clearing house for the remainder of his time in the institution. All tubercular cases should be isolated and given full treatment in the incipient stages, for the phthisical patient is as great a menace to the rest of the population as he is to himself if he is neglected.

A special detail should be organized and be under the direct control of the hospital department in so far as deciding the make up and character of the work, also the individual assignments. The character of the work should be light horticulture. The entire detail should be under the constant observation of the physician and allowed to work only when consistent with their best improvement.

Another detail should be made up and under the direction of the hospital department to which might assigned convalescents and those incapable of the ordinary work of the institution. This detail should provide light outside work. Both of these details should be under the direction of capable tactful officers.

The hospital should be adequate to accommodate all who are on the sick list and not able to report to their details.

Division should be made between mental defectives and normal inmates as has already been suggested by Dr. Frank Moore, Supt. of The New Jersey Reformatory.

Clinical Reports.

Abdominal Pregnancy With Living Child.

Dr. J. S. Horsley, Richmond, Va., reported this case at the meeting of the Southern Surgical and Gynecological Association:

My patient was a colored woman in whom pregnancy was supposed to be normal until her family physician was called in at about full term. He recognized abdominal pregnancy, as the uterus was empty. I did an abdominal section and delivered a male child, well formed and weighing 6 pounds. The mother made a satisfactory recovery, and a year after the operation both mother and child are well.

Bullet in Fourth Ventrical for Years.

Dr. Jaegar in Munchener med. Woch., describes a case which is perhaps unique. Patient was a man aged 27, who had attempted suicide with a revolver. The picture which had resulted from the injury was left spastic hemiparesis with ataxia, so-called "blickparalysis," "nystagmus and numerous other disturbances of the eyes, bulbar speech disturbance, compulsory laughter, and attacks of clonus in the flexors of the paretic left arm. Some of these symptoms were doubtless due to the lesions made by the bullet in reaching the ventricle. The general location of the foreign body was readily shown by radiography. Later the patient was subjected to trephining as a hoped-for life-saving resource; for owing to the proximity of the important centers in the medulla there was danger that any destructive process might involve them. Certain disturbances in respiration and deglutition, while slight, caused some apprehension from this viewpoint. The trephine intervention undertaken by way of the occiput in the hope of extracting the ball not only failed but was followed by fatal collapse. The bullet was found high up in the ventricle in the middle line. The wound of the ence phalon had resulted in areas of softening and the formation of cicatricial tissue.

Green Teeth After Prolonged Jaundice in tbe First Weeks of Life.

Dr. H. Thursfield reports, in the Proceedings of the Royal Society of Medicine, the case of a boy who was first seen at the age of 3 weeks. The history was that he had been jaundiced from birth, or possibly from the third day of life only, and that during the first week

he had passed very black stools, and had a purulent discharge from the navel. When seen the umbilicus was perfectly healthy; the liver and splen were not enlarged, and the child, though small—6 pounds 5 ounces—seemed quite healthy. The jaundice was at this time deep, and remained so for the next seven weeks, slowly disappearing. When it had gone the boy put on weight rapidly and at 4 months of age weighed 9 pounds. He was not seen again till he was 9 months old, when he was brought again for an attack of diarrhea. The two lower central incisors were then a vidid yellow tint, which had become now green. The tint varied considerably; it was occasionally quite bright, at other times dull.

Ascending Inflammation of the Acoustic System.

By Drs. F. H. Levy, in Zeitschr. f. d. ges. Neur. u. Psych.

The patient was 65 years of age. In early childhood he had had scarlet fever which was complicated by complete deafness, but without cerebral manifestations. Postmortem examination revealed a bilateral inflammatory process in the cerebello-pontine angle, which caused atrophy of a small portion of the cerebellum, tuberculum acusticum and ventral part of the acoustic nucleus and thence extended to the cochlea, causing destruction of the end organ of the auditory apparatus. The process was bilateral. Secondary degeneration of the auditory path could be traced as far as the corpus geniculatum medialis. In the brain, Heschl's convolution, particularly pyramidal cells, the inner nuclear and subgranular pyramidal and likewise the polymorphocellular layers were atrophied as a result of inactivity.

Softening in the Spinal Cord.

Reported by Dr. D. H. Paul in Rev. of Neur. and Psychiatry.

The patient was an asylum inmate with dementia of many years' standing with a carcinoma. There was herpes at the level of the right fifth rib, and in the distribution of the fifth cranial nerve. For three weeks prior to death there were choreiform movements of the jaws and arms. Disseminated foci of softening were found throughout the cord, but chiefly in the cervical segments. There was evidence of a blood infection, shown by the pressure of a recent endocarditis, affecting the aortic valves. This may have been the result of the arterial infection of the degenerating cancer nodules. There was no evidence that there had been a true myelitis.

Gangrenous Tonsils.

Dr. U. S. Bird, Tampa, Fla., at the meeting of the Southern Medical Association, Nov., 1912, said that so rare was this disease that it was not a text-book nor reference book subject. Five cases only could be found in medical literature, all of which were fatal. In addition to these he now personally reported five cases, four in patients of his own, and one in the practice of a brother physician. These five cases, as compared to the five previously reported, suggested some interesting conclusions. In the first five cases the mortality was 100 per cent. The cases that he reported included two deaths, but neither of these was due to gangrenous tonsil, which in these cases appeared to be an intercurrent condition, more or less due to the general depression that it had rendered them vulnerable to such attacks. In his fourth case only were operative measures indicated. When a small area was involved and the general condition was good, instrumentation was indicated; but in great depression and extensive involvement, two conditions that seemed to be associated, active interference might result unfortunately. Only one of his cases was of interest in connection with pathology, the noma bacillus being present. Unless his experience proved to be unique, it might be assumed that gangrenous tonsils, and the recoveries therefrom, were more observed than the literature suggested.

Posterior Spinal Veins.

By Drs. Jumentie et Valensi in Revue Neurologique.

This interesting case of a man 40 years of age, who had had a flaccid paraplegia and abolition of the reflexes for three years showed at autopsy that the posterior spinal veins were enlarged extremely sinuous, and having something of the aspect of a varicocele. The varicocities extended from the sixth cervical segment to the seventh dorsal segment. Unfortunately, the autopsy was incomplete and no cause for the condition was discovered. Such cases may well be diagnosed intra-vitam and operation prove of benefit.

Intestinal Obstruction.

The following are two of the cases reported by Dr. C. P. Farnsworth of Chamberlain, S. D. in a paper published in the Medical Record, September 28, 1912.

Case.—Mrs. B., was referred to me by Dr. James Miller of Winner, S. D., for pus-tube. The operation for pus-tube was successfully performed, but the tenth day after the operation the patient developed symptoms of obstruction; operation was advised, but the patient demurred. The family was sent for. They naturally were somewhat adverse to operating, but I insisted. A second laparotomy disclosed a knuckle of the ileum attached by an inflammatory process to the posterior abdominal wall over the left sacroiliac synchondrosis. The involvement was so extensive and dense that it was determined to do a side-to-side anastomosis without disturbing the inflamed area. This was done after evacuating the proximal bowel by means of the Ochsner trocar and closing the trocar wound by a purse-string suture. The anastomosis was done with a Connell suture. The recovery was uneventful and the patient was discharged at the end of three weeks and has remained well ever since.

Case.—Master N., a child of 10 years, with an acute intestinal obstruction of eleven days' standing. The patient's pulse was 150 to 160; the temperature 95° F. The abdomen was distended to its fullest capacity. The facies was that of rapidly approaching dissolution. The abdomen was opened to the left of the median line and the first loop of bowel which presented itself was brought up and nicked and the contents disposed of in a pus-basin which was

filled many times. The opening in the bowel was sutured into the abdominal wound with as little handling of the bowel as was possible. A normal saline infusion was administered and strychnine in 1/60 grain doses given hypodermically every four hours. The patient slowly recovered. Six weeks afterwards a second laparotomy was done and the appendix was found to have a large enterolith in it and was bound down to the posterior abdominal wall in such a way that the ileum was completely closed by the adhesions from the appendix wrapped around it. The appendix was removed, and what we now know to have been a Lane's kink was dissected off and the bowel relieved from adhesions. The artificial anus was closed and the opening in the bowel repaired, when it was found that the lumen was too small. A side-to-side anastomosis was then performed and the abdomen closed. An uninterupted recovery ensued.

Nephrolithotomy.

Reported by Dr. H. H. Grant, of Louisville, in the Kentucky Med. Jour., Sept. 15, 1912.

Patient, a male, 35 years of age, was sent to me with a diagnosis of appendicitis of two years' standing. Upon examination I found that a good deal of his pain was referred to the region of the kidney and, although he was somewhat tender over the appendix, the pain was located in the region of the ureter rather than directly over the appendix. At any rate, the history of attacks of colic (presumably in the kidney,) and the fact that tenderness was marked over the right kidney, led me to advise an examination of the urine and an X-ray photograph. The urine, on two examinations, showed distinct evidence of blood. There was no evidence of kidney disease aside from the fact that the urine contained some albumin, probably due to the presence of blood. The X-ray picture, which was made by Dr. Bruce, disclosed the presence of two stones, which were believed to be located in the pelvis of the kidney. A control picture was made which confirms the diagnosis, and this in connection with the findings by other forms of investigation, led us to operate on the man. I had the valuable assistance of Dr. Sherrill at the operation. The operation was done in the usual manner, by an oblique incision, beginning at the margin of the ribs and carried downward and slightly outward so as to make a pretty large exposure. This patient was five feet seven inches in height and weighed 180 pounds; he was rather bulky and had a good deal of fat. Some little difficulty was experienced in getting the kidney out where it could be easily handled. No stones could be felt in the kidney after it had been exposed and the capsule peeled away. With an assistant presing upon each side of the kidney to control the hemorrhage, a free incision was made and we were able to remove these four stones, which are illustrative of how much material of a destructive character may be present in the kidney without any distinct indications of its presence. But for the findings upon X-ray examination, we might have hesitated to split open a kidney as sound as this one apparently was. The hemorrhage which followed the incision, while not dangerous, was sufficient to require packing which was introduced in such a way as to come between the kidney structure and the capsule, pushing the capsule down and making direct pressure. No sutures were introduced, as it was believed that the packing would be sufficient to hold the kidney together.

This man had rather a severe reaction, but made a satisfactory, though gradual, recovery, and at the end of ten days he was able to be up. A sinus remained however, and a fistulous tract. with the escape of more or less urine for about eight weeks. He went home at the end of three weeks and this sinus gradually closed up. Four weeks later he wrote me that the sinus had closed and he was completely restored to health. Three weeks afterwards, however, he telephoned me that he was in great pain and that he believed he had another stone in his kidney. He said there was considerable swelling, and I advised him to have his physician open in the region of the sencis, which was done, and a considerable amount of urine escaped. It contained no pus, but was simply urine that had become blocked up in there forming a little puddle, and which caused the pain. Within twelve weeks after the original operation the stitches had permanently closed. More than a year has now elapsed since operation, and he has been perfectly free from pain or distress for at least nine months.

The interesting features in this case are: First, for two years this man was believed to have appendicitis and, although he was under medical observation, correct diagnosis was not made until attention was directed to the kidney. Second, the fact that these four stones, sharp and jagged, remained in the kidney for more than a year without producing structural disease of the kidney, or at least not enough to produce pus or any pathological condition that could be observed.

Cesarean Section for Dermoid Cyst Complicating Labor.

Dr. Collin Foulkrod reported this case at the October 3, 1912, meeting of the Obstetrical Society of Philadelphia.

Mrs. C., a young primipara, was sent to the Presbyterian Maternity, September 7, 1912, for some complication preventing delivery.

Had been in labor thirty-six hours; hard labor, twelve hours; membranes ruptured; head not engaged; pelvic measurements normal.

Patient had not felt motion in the child for two hours before entering the hospital; heart sounds not heard. The examining finger found the pelvis filled with a mass partly cystic, partly doughy, impacted in front of the child's head and of sufficient size to prevent descent. The mass seemed extrauterine, but it was difficult to determine if retroperitoneal. Cercix one-half dilatation, but head not engaged. The temperature was normal. No history of previous pelvic trouble.

Thinking it might be feces, the rectum was cleared out, and a rectal examination outlined a mass impacted in the pelvis undoubtedly extrauterine, but outside of bowel.

Dr. Nicholson saw the case with me, and after setting aside pelvic inflammatory disease because of the splendid health of the patient, the lack of temperature, and the lack of previous symptoms a dermoid cyst was suspected.

Undoubtedly, the child had been dead for

some hours. The membranes ruptured some time before entering the hospital. The patient had been examined by an outside physician. These factors all constituted some contraindication to section.

We, therefore, examined carefully under ether by the vagina to determine the feasibilty of vaginal delivery. This was found impossible, even by means of an embryotomy. The abdomen was opened and the dead child extracted in the usual manner. After sewing up the uterus, the pelvis was explored and a dermoid cyst, the size of a small fetal head found impacted in the pelvis. This originated from the left ovary, an elongated pedicle allowing for its position in the pelvis. The cyst was removed. The abdomen was closed. The uterus was drained with iodoform gauze placed in position before closing the hysterotomy wound, and afterward tied to another piece introduced into the vagina after thoroughly swabbing the vagina out with bichloride solution.

This gauze was removed at the end of twenty-four hours. The patient was kept in a modified Fowler's position to encourage drainage. The patient has made a perfect recovery.

The cyst contained hair, caseous material and a few hard particles. The pedicle was turned, but not twisted.

Case of Hydrophobia in Man.

Reported by G. T. Vaughan, M. D., Washington, D. C., at a meeting of the City Medical Society:

W. R., colored man, age 67, laborer, was bitten by his dog about latter part of September, 1911. Two teeth penetrated the skin of the right wrist. Dr. S. T. Ashton, of Ballston, Va., cauterized the wounds, and they healed without trouble, leaving scars. At the time of the injury the dog was annoying a chicken, and, when seized by his master, bit the latter; the dog was killed, but no examination was made, and nothing more was thought of the matter. About November 17 the patient began to feel tingling pains in the right shoulder, arm and forearm. Dr. Ashton treated the patient as being rheumatic or neuralgic. November 22, he was unable to swallow and had convulsions on attempting to do so. 24th, the doctor brought the patient to Emergency Hospital, Washington, in his buggy; the man had to be supported in walking into the building; there was a general appearance of collapse, with drooping figure, half-open mouth and distressed face; pulse 115 to 120, at times intermittent; axillary temperature, 98.8; patellar reflexes exaggerated. Fanning him caused stiffening of the body and sobbing inspiration. His speech was as if his lips or tongue were partially paralyzed, his enunciation imperfect and difficult, at times, to understand. His mind was clouded; he made contradictory statements. There was no dripping of saliva and no cough, but the doctor said that he had had both smyptoms and had just received a dose of morphin and scopolamin. He wanted water, but said that he could not swallow; on attempting to swallow some water a look of distress appeared on his face and the water was ejected; later the same day he did swallow. At 6 P. M. he took milk and eggs and swallowed without difficulty. At 11 P. M. he was sleeping; at midnight he got out of bed and called for his clothes. 25th, he was very restless, slept some, expectorated some frothy mucus and had some dysphagia. Temperature, 99.6 to 99.8; pulse, 100 to 104; respiration, 20 to 28; he took eggs and milk, bread and soup, and sausage. He was given six hypodermatic doses of one-quarter grain of morphia. 26th, still very restless and talkative to imaginary persons; slept at intervals; coughed and expectorated a good deal; more delirious; temperature, 102.2. Died suddenly in the morning:.

Necroscopy 7 hours after death by Dr. A. M. Stimson, of the U. S. P. H. and M. H. S., who reported as follows: Cadaveric rigidity marked; brain slightly congested; heart seemed normal; coronary arteries, tortuous; lungs, liver and spleen normal. Each kidney contained a few small cysts; right kidney somewhat smaller than left. Analysis of urine: specific gravity 1,028, acid; heavy trace of albumin; hyalin and granular casts and epithelial cells.

The brain and oblongata were examined at the laboratory of the P. H. and M. H. S., where experiments were also made. Negri bodies, well developed but not very numerous, were found in the cerebral cortex, cornu ammoni and cerebellum. Of the rabbits that were inoculated with the emulsion of the oblongata, one died three days afterwards from acute hydrocephalus; the others were apparently well for from ten days to two weeks, then symptoms of rabies appeared and they died. In four of these many negri bodies were found; the other animal was too much decomposed to be examined.

Abstracts from Medical Journals.

Syphilis of the Eye.

Dr. Dunbar Roy, Atlanta, Pa., at the meeting of the Southern Med. Ass'n., said the longer he practised ophthalmology and the more extensive became his experience, the more he realized the importance of considering syphilis as the most important factor in connection with ocular diseases. Diffused interstitial keratitis was exceedingly rare in the acquired forms of syphilis, and yet a number of cases had been reported. Iritis in various forms was by no means infrequent during the secondary stage of syphilis, less frequently during the so-called tertiary stages. Paralysis of the various muscles of the eye was frequently caused by syphilis. Ophthalmoplegia interna or paralysis of the sphincter of the pupils, usually unilateral, was by no means an infrequent form of syphilis. According to Alexander, three-fourths of such cases were due to syphilis, while, according to Uhthoff, only one-fourth. Disease of the eye due to congenital syphilis frequently showed many of the symptoms which were seen in the acquired variety. Usually those cases of the congenital variety were comparatively mild because the severe ones died either in utero or soon after birth.

Renal Diabetes in Pregnancy.

Dr. Novak, in Deutsche med. Woch, October 3, 1912, considers the frequency of glycosuria and carbohydrate intolerance in pregnancy. The condition is not in any way dependent on the diet, and herein it is sharply differentiated from true diabetes. The question of carbohydrate tolerance is also one apart from renal glyco-

suria, which at first sight impresses us as a leakage phenomenon due to transitory permeability of the excretory mechanism. This so-called renal diabetes is said to be rare outside of pregnancy. The question now suggests itself, "has this condition any definite relationship with the autotoxic state of pregnancy?" There is no increase, but often a decrease in the sugar of the gravid blood, and, as already stated, the glycosuria is not aggravated by a carbohydrate diet. But certain gravidae who do not present renal diabetes show a remarkable carbohydrate intolerance, as shown by the occurrence of induced alimentary glycosuria. The two facts taken side by side appear to show that either the kidneys or liver—the organs most vulnerable in gravidity toxicosis—may exhibit functional inefficiency as shown in anomalies of carbohydrate metabolism.

Influence of Age on Pregnancy.

Dr. Marek, in Gynakologie Rundschau, discusses the influence of age on the first pregnancy, labor and puerperium, in a series of 1,000 primiparae, who came under his personal observation. He considers that this influence cannot be disputed. The number of miscarriages in elderly primiparæ is much less than usual, but the premature labors are unusually large. Albuminuria and the nephritis of pregnancy occur more frequently in proportion to the age of the patient and the course of these complications is likewise more serious. Eclampsia is also more common in older primiparæ, but the percentage of mortality is higher in younger women. The most frequent complication after labor in young primiparæ is atonic hemorrhage, but this is usually easily treated and without serious consequences. The most favorable time for the first labor is the period previous to the twenty-third year, as the smallest number of complicating conditions during pregnancy, labor, and the puerperium are noted during this time. After the twenty-third year the number of abnormal labors increases. The principal cause of trouble in elderly primiparæ is due to uterine inertia and rigidity of the soft parts, which are apt to result in weak pains, premature rupture of the membranes, increase in operative interference, and heightened mortality of the mother and the child. The necessity for more frequent examinations, and either premature or delayed operative interference are also causes of future trouble. Marek insists, therefore, that in such women the pregnancy must be carefully watched and the labor preferably conducted in a hospital. The morbidity of the puerperal women also varies with the age, an increase being noted in the primiparæ. The effect of the age on the children was shown in the following observation: namely, that with advancing age of the mother a preponderancy of male children resulted, an increase in the number of pathological positions, and also in the number of dead or macerated fetuses.

Influence of the Age of the Mother on the Sex of the Child.

Dr. Ahlfeld (Monatsschr. f. Geburtsch. u. Gynak., September, 1912), who on a previous occasion has stated that the proportion of male children in elderly primiparæ was 137 to 100 female babies, whereas the usual number was 106, now contributes a further study based on 8,000 cases of labor, among which were 280 mothers whose age was between thirty and forty-nine years, and among whose children were 151 girls and only 129 boys, a marked contrast to the previously obtained figures. Ahlfeld believes that the sex is decided in the ovum before fertilization. Under what circumstances either male or female ova are fertilized is still a matter of uncertainty. That the mother's age is evidently not a principal factor is shown by the differences obtained in the two series of statistics already quoted. It would appear to be necessary to make use of a much larger material. Ahlfeld considers, in view of the contradictory statistics, that we must revise our opinion about the larger proportion of male to female births in elderly primiparæ, and that the age of the patient is evidently not a factor in the matter.—American Jour. of Obstetrics, January, 1913.

Diagnostic Signs of Organic Disease of the Nervous System.

Dr. Crenshaw briefly summarizes the signs of organic disease as follows:

1. Localized convulsions are always caused by a corresponding irritation in the cerebral cortex—an irritation almost invariably due to organic disease.
2. Either spastic or tonic stiffening of the lower limbs is of organic origin if, when the examiner lifts one of the patient's feet, the pelvis and other leg are raised from the bed. This condition is called spinal epilepsy.
3. A persistent ankle-clonus, the vibrations of which are more than five per second and of uniform rate, is highly indicative of organic disease. But a slow, irregular, transitory clonus may be hysterical.
4. Actual absence of the knee-jerk is almost proof positive of organic disease of either the nervous system or the muscles involved. Very rarely, however, it is met with in health and, we are told, it has been successfully simulated.
5. Atrophy of muscles accompanied by absence of faradic irritability is either the result of organic nervous disease or of idiopathic disease of the muscles.
6. Paralysis affecting only the muscles supplied by the nerves from a given spinal segment is of organic origin regardless of whether there is corresponding sensory loss or not. And both the so-called mowing gait and steppage gait are indicative of degeneration.
7. As is well known, permanent paralysis of the sphincters is always a certain sign of organic disease; and absence of control of the bladder and rectum is generally organic in origin.
8. Unilateral paralysis of the laryngeal muscles is certainly organic though bilateral laryngeal paralysis may be functional.
9. Paralysis of the palate is generally an indication of organic disease, particularly oncoming diphtheritic paralysis.
10. Unless caused by uremia, paralysis of the face may be said to be always the result of organic disease.
11. Hemianopia, if clearly defined and permanent, is always organic, while either optic atropthy or optic neuritis is obviously an organic nervous disease. Although inequality in

the size of the pupils should lead us to suspect organic brain lesions, this condition may occur in traumatic neurasthenia and other functional neuroses. The Argyll-Robinson pupil, however, is absolute proof of degeneration of the brain. Paralysis of the extrinsic muscles of the eyeball is due to organic brain disease when not the result of local conditions in the orbit, except those cases in which the paralysis is limited to the voluntary conjugate movements of both eyes.

Hemorrhoidal Area, Complete Excision Of.

Dr. A. Dorr, in a paper read at the meeting of the British Medical Assn., July 24, 1912, says:

The operation described is a bloodless modification of Whitehead's operation claimed by the author to be less liable to leave insensitive and contracting scar tissue. The sphincter is dilated but not torn, and a cork on a corkscrew inserted just beyond the bluish pile area; below the cork a ring of pink mucous membrane is grasped by six pairs of Kocher's forceps and the cork is then drawn down to the tips of the forceps; the handles are gathered round the corkscrew and several harelip pins inserted; each pin is put in between two of the forceps, entering at the junction of skin and mucous membrane, and passes in front of the sphincter until it pierces the cork behind the ring of pink mucous mebrane; a piece of elastic is wound twice round the pins, and the ends held below with forceps; the Kocher's forceps and corkscrew are now removed, the surface of the pile area cleaned and all the mucous membrane dissected off the sphincter between the white border line below the pink margin above, no hemorrhage taking place at this space; a continuos buttonhole suture of chromic catgut is next inserted all round, thus bringing skin and mucous membrane into exact opposition; the elastic band is now removed and if one or two bleeding points appear they are controlled by mattress sutures put in through the skin till the needle reaches the cork and out again at a point one-half inch away and one-fourth inch behind the primary suture; finally the pins and cork are removed, a gauze roll introduced as a plug for a few hours and morphine given sub cute. The author summarized the end-results and said they were superior to those gained by other operations for the cure of hemorrhoid.

Construction of an Artificial Vagina.

Dr. W. Stoeckel, of Kiel, in the Zentralblatt fur Gynakologie.

In recent years the chief indication for attempts at a plastic construction of an artificial vagina has been to make copulation possible. It had not been found feasible to restore the menstrual function in cases of absence of the vagina. Of all the methods proposed and hitherto tried Stoeckel approves of Baldwin's, and in the one case he reports he follows essentially Baldwin's technic. This consists of isolating about 25 centimeters of ileum with its corresponding mesentery at a point 30 centimeters from the ileocecal junction. The ileum is divided by the Paquelin cautery. The four ends are closed by pursestring suture. Continuity of the ileum is restored by lateral entero-anastomosis. The cavity for the new vagina is previously prepared from below by making a transverse incision over the hymen and deepening it by dissecting up the loose tissue comprising the recto-vesical septum as far upward as the peritoneum. A tampon of gauze is placed in this cavity. A silk thread is now passed through the mid-point of the isolated portion of the ileum at its mesenteric attachment. The peritoneum is perforated by means of a dressing forceps from below through the cavity made between the rectum and bladder. The opening in the peritoneum is dilated, the silk thread is drawn down into the artificial vagina cavity, resulting in two parallel vertical segments of ileum. The abdominal incision is closed by layer sutures. The isolated portion of ileum is now drawn down till its closed middle end appears externally. It is then secured by a few catgut sutures in front and behind; an incision is made into it and the edges are sewed circularly to what corresponds to the hymen. These results in this way a sort of vagina duplex whose canal measures about 10 centimeters, with a septum dividing it into an unequal right and left half. Irrigation of the new vagina with boric acid solution and tamponade of both compartments with gauze.

Stoeckel's case was sucessful. Experimental advantage was taken of this novel isolation of a portion of intestine in order to determine the effect of diet on the amount of secretion. It was found that a mixed diet with a minimum of albuminous foods was most favorable and gave least secretion.

Stoeckel resorted to the injection of 30 cc. of camphor oil intraperitoneally before laparotomy to get a good peritoneal reaction, which he regards as a prophylactic measure in unclean abdominal work. He also found that whereas, at the beginning of the operation cultures from the peritoneum were sterile, at the close of the operation cultures showed the presence of the colon bacillus. In spite of this his patient made an afebrile recovery, which he ascribes to the preliminary injection of the camphor oil.

Cancer in the Penal Institutions of Norway.

Dr. M. Secgaard, in Norsk Magazin for Laegevidenskaben, Christiania, reports that no cases of cancer were found among the forty-five deaths at one prison in the last fifty years or more; only twelve cases in another prison with 160 deaths—a proportion corresponding to the general cancer mortality outside. In a third prison the proportion of cancer cases was 22.6 per cent., of the thirty-one deaths. The total cancer mortality was thus 9.4 per cent., while in 780 deaths in The Bergen arbeidsanstalt only 6.3 per cent. were from cancer and in the 815 in the leper asylums, only 1.8 per cent. The cancers in the workhouse were mostly superficial; the majority of the inmates may be regarded as having reached the cancer age. The low proportion of malignant disease seems to confirm the assumption that cancer is preeminently a disease of the well-to-do, especially gastro-intestinal cancer.

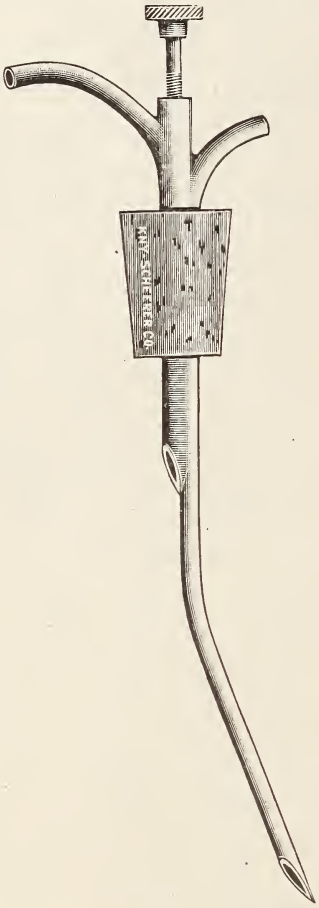
When an injury to the carpus is suspected, it is important to have skiagraphs of the lateral as well as of the sagittal view. The latter alone may fail to demonstrate a dislocation of one of the bones, and even a fracture may escape detection in it.—Amer. Jour. of Surgery.

A NEW REGULATING DROPPER FOR ETHER OR CHLOROFORM, USABLE ON ANY CONTAINER.

FRANK WILCOX PINNEO, M. D., Newark, N. J.

Surgical anesthesia combines in large measure both science and art; science in the profound effect of anesthetics, art in the great difference, in safety and well-being of the patient, between skilled and thoughtless administration.

The present time is demanding a finer discrimination between methods. The aim is to approach the "ideal anesthesia," one factor in which is perfectly even administration. Success in the prevailing use of the drop method with ether is hampered by intermittent application of the anesthetic, whereas there should be a steady dropping of the ether. But no suitable dropper has been hitherto made which combines efficiency with simplicity and availability for universal use.



The one shown herewith has been designed to fill this need of regulating.

It is a double tube—inlet for air, outlet for anesthetic—with a needle valve in the latter, so placed that a finger easily screws it down to any degree of frequency of drops or open it to a full large stream. Quickly punched through any cork it has the following advantages:

1. It can be used in any bottle or ether can.
2. It accomplishes an eveness of administration necessary to a perfect anesthesia.
3. It economizes ether, as wasteful evaporation is minimized.
4. It increases efficiency as ether when dropped on the mask is better volatilized and warmed.
5. It allows pouring ether when used for other methods.
6. It can be used for chloroform, which demands even greater accuracy in dropping.
7. It is, therefore, useful in obstetrics, the physician adjusting the drop before entrusting it to his assistant (often unskilled).
8. It has no bottle, or other part necessary to it, which, if broken or lost, destroys it.
9. It is so inexpensive and easily carried by mail that it has universal usefulness.

From the Journal of the American Medical Association, September 14, 1912. Copyright, 1912.

A regulating dropper for ether (or chloroform), usable on any container.—From the A. M. A. Journal, Copyright.

Reports from County Societies.

ATLANTIC COUNTY.

Byron G. David, M. D., Reporter.

The Atlantic County Medical Society held its annual business meeting and banquet at the Marlborough-Blenheim Hotel, Atlantic City, June the tenth at twelve o'clock, noon. The meeting was well attended and opened with the President, Dr. David A. Berner, in the chair.

The Board of Censors reported favorably on the applications of Dr. L. H. Bewley and Dr. Otis D. Stickney for membership to the Society. Both were duly elected.

Dr. Franklin Clark made formal application for membership and the same was referred to the Board of Censors.

Dr. Wm. E. Darnall, chairman of the Library Committee, said he was pleased to be able to report that at this time the medical library which is located in the Carnegie Library Building, is up to date in every respect, the reference books covering a wide range of subjects by the best authorities and the periodicals, including those of importance in this country, and a few foreign medical journals.

Dr. Walt P. Conaway, chairman of the Committee on Nurses' register presented a very favorable report for the past year in regard to the satisfactory system in vogue and the standing and efficiency of those nurses registered, as expressed not only by our local men, but by out of town physicians as well.

Dr. W. Blair Stewart, as chairman of the Committee on Sanitation, reported that the matter of a remedy to do away with the odors from the garbage crematory had been taken up repeatedly with the proper local authorities, and as nothing had been done, he had appealed to the State Board of Health and was waiting to hear from them.

Dr. Edward Guion read the secretary-treasurer's report for the year past and proved the society to be in splendid condition both financially and as to active membership.

A vote of thanks was tendered the chairmen of the various committees and the officers of

the society for their valuable services rendered during the past year.

The following officers were elected for the ensuing year:

President, Dr. Walt Ponder Conaway; vice-president, Dr. Samuel Barbash; secretary-treasurer, Dr. Edward Guion; reporter, Dr. Byron G. Davis; member board of censors, Dr. E. H. Harvey.

Annual delegates to State Society: Dr. W. E. Jonah, Dr. Wm. Martin, Dr. Joseph Poland.

The meeting adjourned to the dining hall where the annual banquet was held.

CAMDEN COUNTY.

Albert B. Davis, M. D., Reporter.

The December meeting of the Society was held at the usual time and place on Tuesday, December 10th. The meeting was well attended and the scientific and literary program of more than ordinary interest.

The first paper concerned a subject which we should probably do well to hear more of in our societies, that is, the present status of electro-therapeutics. Dr. A. B. Hirsh, an electro-therapeutist of Philadelphia, treated at length of the "Newer Methods in Neuritis of Obscure Origin." The doctor confined himself to electric treatment only, and gave in detail methods of using static and high frequency currents of various modalities, and citied cases refractory to drugs but helped by these means.

Dr. Hyman I. Goldstein, of Camden, presented an able paper on "The Treatment of Streptococcic Sore Throat and Follicular Tonsilitis." Owing to the press of other business before the Society, Dr. Goldstein scarcely had time to read his entire paper and do it justice. He brought out many good points, however; emphasising especially the necessity of bacteriologic examination in many cases to determine the nature of the process with which we are dealing, as well as the necessity of not waiting for the report of such examination before giving antitoxin in suspicous cases. And for facilitating bacteriologic examinations, he made a strong plea for the establishment of county bacteriologic laboratories.

The idea of a local laboratory is one that has been in the minds of several members of the profession here for some time, and will almost certainly be carried out eventually. It was materially forwarded by the passage of a resolution at this meeting recommending the establishment of such a laboratory in Camden.

The final number on the program was an article by Dr. Waldecker, of the scientific staff of Parke, Davis & Co., on "Advanced Biologic Therapeutics, With Special Reference to the Use of Phylacogens in the Treatment of Disease." Dr. Waldeckers work is chiefly in the biologic laboratory, and in this paper he presented the latest laboratory and clinical achievements in biologic therapeutics, admitting certain failures as well as claiming many successes, in a frank, scientific manner without taint of commercialism.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society held a scientific meeting Tuesday evening, January 21st. The president, Dr. T. N. Gray, introduced the speaker of the evening, Dr. E. W. Caldwell of New York, who delivered a lecture, illustrated with lantern slides, on "Diagnostic Uses of the X-ray." It was voluminous with illustrations on the diagnosis of visceral and bone diseases, replete with practical instruction on the interpretation of X-ray pictures and interestingly delivered.

The Public Health Education Committee of the County Society provided for a lecture to the delegates of the Essex Trades Council January 10th, at their own meeting place, about 300 men representing all the labor organizations in all kinds of industries being present. Dr. Walter Dodge of Orange, after being introduced by Dr. F. Horsford in behalf of the Committee, spoke on Tuberculosis and in a way that caught the attention of his hearers and then gave them clear impressions, easily retained by laymen, of the causes, transmission, prevention and cure of the disease, so that the purposes of the Committee, to meet the natural interest of the public in matters of health, with legitimate, scientific facts told in the vernacular of the hearers and presented as from the County Society, out of interest in public instruction and to bring the medical profession more close to the people, were helpfully advanced. Any doctor who can so talk and will offer his services, is encouraged to communicate with this Committee. And all our members are reminded of their duty to find lay organizations having audiences which can be addressed on medical subjects. The next such occasion is to be a meeting at the Woman's Club of Orange, William and Prospect streets, on Tuesday, February 25th, at 3 o'clock, P. M., when Professor H. E. Jordan will speak on "Elementary Principles and Social Bearings of Eugenics." He is professor of Histology and Embryology at the University of Virginia, also chairman of the Eugenics Section of the American Association for the Prevention of Infant Mortality.

The Essex County Pathological and Anatomical Society met Thursday evening, January 9th, with the following programme:

1. Demonstration of a case of secondary carcinomata of the brain, following cancer of the breast, symptoms relieved by decompression, Dr. Wells P. Eagleton.
2. Demonstration of a case of unusual goitre retrogression, Dr. John F. Hagerty.
3. Demonstration of a case of gumma of the spinal cord, treated with Salvarsan, showing extensive softening, Dr. Drew Wardner.
4. Demonstration of a case of pyelonephritis following Urethral Stricture, Dr. Hugh Cook.
5. Demonstration of a case of abdominal pregnancy, Dr. R. C. Ribbans.
6. Demonstration of a case of leukaemic infiltration of the skin, and of fibrous hyperplasia of the spleen in Banti's disease, Dr. J. H. Lowrey, and Dr. C. H. Randall.
7. The pathology of the appendix. From a review of the cases of appendicitis at the City Hospital, in the last four years, Dr. H. S. Martland.

The last was a very interesting analysis of 510 appendix removals at the City Hospital during four years and revealed the following groups:

Normal (many removals incidental to other operations), 54; acute catarrhal appendicitis (3 groups, one ruled out as such because being probably impossible of clinical diagnosis, symptoms negligible), 59; acute purulent and necrotic appendicitis, 90; acute purulent and necrotic appendicitis peritonitis, (i. e., periappendicitis), 154; chronic catarrhal appendicitis, 109; lumen obliterated, 40; tuberculous appendicitis, 3: carcinoma, 2; multiple diverticula (partial rupture), 2, total 513.

The William Pierson Medical Library Association held their second meeting Tuesday, January 21st, to hear Dr. Joshua Van Cott of the Long Island College Hospital talk on "Bacterial Vaccines."

The Alumni Association of the Newark City Hospital have issued a call for a joint meeting, with a dinner, of all alumni and the present interne staff, to be held January 31st.

The Medical Library Association of Newark have published notice of their systematic efforts to collect the publications of all medical men of New Jersey, and solicit gifts of books, monographs, reprints or publications in any form whose authorship is of New Jersey.

Contagious diseases are ordinarily prevalent, but in some instances have raised the question, not new, of the absurdity of quarantine as observed (?) by the public and the need of a vigorus overhauling of rules and regulations to agree on what is essential and practicable and then see that everyone, those nursing the sick and those beyond, live accordingly.

The Academy of Medicne of Northern New Jersey held during January five meetings. The Section on Pediatrics was addressed by Dr. Fritz B. Talbot, of Boston, on "Examination of Stools and their Clinical Interpretation," a subject he, with Dr. Morse, has done much well-known work to advance. Another visiting speaker was Dr. Emil Mayer of New York, who presented a paper on "Bronchoscopy and Esophagoscopy" to the Section on Eye, Ear, Nose and Throat.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular meeting of the Hudson County Medical Society was held on Jan. 7, 1913, and the usual routine business was transacted.

A communication from Maria M. Vinton, M. D., N. J. State Chairman Public Education was read, and a committee composed of Drs. Wm. L. Pyle and S. A. Cosgrove was appointed to take the matter in charge.

The resignation of Dr. Frederick J. McKichnie, 67 West 71st street, New York City, was accepted.

Dr. Quigley, of Union Hill, Dr. A. Sacco, West Hoboken, and Drs. Short, Little, and Perlberg of Jersey City were admitted to membership.

The date for the annual dinner was set for Jan. 28, 1913, at Meyer's Hotel, Hoboken.

Under interesting cases Dr. O. R. Blanchard spoke of a child who had apparently a cystitis, with much pain on urination, and after a few days passed a small stone. Relief not being afforded, a suprapubic incision was made, no stone found, bladder drainage for three weeks. When wound healed, inability to urinate returned. He wondered what could produce so much disturbance when calculus was not present and bladder thoroughly drained.

W. D. Webster, D. D. S., told of a woman who had some dental work done twenty years ago, and was then told that she was short on teeth, one not having erupted. She consulted the speaker, and told him she had an upper plate for eight years, but recently it did not hold well, seeming to have lost suction. Examination showed a bone-like swelling in the hard palate anteriorly, and almost in the merdian line. Incision and extraction revealed a cuspid which should have erupted at twelve years of age. He exhibited the tooth which had been forty-three years embedded.

Dr. Donald Miner stated he had used hormonol in intestinal stasis with good results until six months ago, when he began to exhibit liquid albolene, tablespoonful two or three times daily, both in children and in the aged, and his results were invariably satisfactory, even in patients seventy years old, where the most drastic cathartics had been necessary for relief.

Dr. J. M. Rector mentioned that it was often difficult to make an exact diagnosis in cases where a mass presented with no superficial symptoms or tenderness. He recounted a case of this type where a mass was found on the left side of the pelvis, the exact character of which was dubious. A Wassermann showed plus 2. A trocar puncture produced nothing. A free incision in lumbar region discharged a quart of gelatinous fluid, and after six weeks treatment by neosalvarsan and inunctions the mass disappeared.

Dr. W. L. Pyle thought that the old axiom "evacuate pus wherever found" needed modification. Since using vaccines he had seen boils clear up without any demonstrable discharge of pus. He recalled that in empyema cases the results of thoracotomy were not always brilliant, as he knew of two cases not so long ago, both of whom died of exhaustion from the persistent pussy discharge, and he emphasized the great benefit of using the Murphy treatment of formalin and glycerin in these cases before resorting to radical surgery, and in his recent experience it would seldom be necessary to invoke the aid of the knife if the proper technique be instituted and correct solution employed.

Dr. John Willis described the modus operandi of three cases of intravenous anaesthesia he had witnessed.

Dr. J. H. Rosenkranz again called attention to the importance of the sacroiliac synchondrosis as a real joint, and that many backaches and so-called sciaticas were due to a partial dislocation thereof. He read from an article by Dr. Albee in the J. A. M. A. one year ago, going into the subject in detail. He recommended the adhesive plaster treatment as advised by Dr. Goldwaite of Boston.

Dr. C. B. Kelley narrated a case of diphtheritic laryngitis where it was necessary to intubate. On attempting to extubate five days later the string and tube had disappeared. Three possibilities were thought of—that the tube had been coughed up and hidden—had

passed into trachea or bronchi, or into stomach. Four days after the disappearance, the tube was passed by the bowel.

Dr. W. F. Faison referred to the use of potassium selenium cyanate in inoperable cancer, and detailed the question of dosage, etc.

Dr. G. K. Dickinson said that at Christ Hospital since the adoption of the Murphy treatment for empyema, not a thoracotomy had been necessary. During his life in surgery he had tried hard to develop a method of safety of completely removing a carcinomatous uterus with the necessary adjacent tissue. For three years he had witnessed the work of Wertheim and Schauta, and concluded that their methods were most stupendous and difficult. An article he ran across in the Lancet, "put the trolley on," and he now carries it through. Briefly it consists in a big incision, pack back intestines, tie off the uterus and the ovaries high up in the pelvis. Go through behind the uterus, then separate bladder from uterus, break through the peritoneum, looking out for the ureter, and work down to the bifurcation of the iliac. Tie off both internal iliacs, and follow the ureter through the tunnel. The uterine may now again be tied, although not absolutely necessary, but safe on account of anomolies. Lift out ureter and dig out the parametrium. As the internal iliacs have been tied there is practically no loss of blood. Now stitch anterior peritoneum to anterior wall of vagina, and posterior peritoneum to posterior, and complete the usual closure of abdominal incision, His results by this technique had been excellent. One case died on the third day from embolus.

Dr. William Freile spoke of the rapidity and vicousness of Ludwig's angina, and cited a case arising post influenzal where patient had Riggs' disease of the teeth. Within ten hours from onset, speech was lost and deglutition nigh impossible. Free incision in the neck under local anaesthesia gave immediate improvement and ultimate recovery.

The paper of the evening—"The physician as a public servant," was read by Dr. Gordon K. Dickinson, and provoked a free and extended discussion.

(The paper has already been forwarded.)

Dr. Henry Spence stated that many questions arise where physicians could be most helping in solving, and that there were many positions in public life which physicians could and should fill. He referred to abattoirs and the nuisance they might produce through flies, odors, etc. The water question was one which needed very energetic and thorough consideration. He mentioned the revelation of the unsanitary milk dairies, and said these matters concerned our immediate neighborhood, and even if it did take a little time he urged the members to interest themselves in these endeavors.

Dr. B. S. Pollak spoke of the bad condition of many bakeries, and dwelt at length on the tuberculosis question. Many of the evils existing were due to the lethargy or indifference of physicians toward matters of public health, and that to accomplish reform we needed the best type of medical men in the community to interest themselves.

Dr. J. M. Rector said that the great trouble with physicians in this connection was that they were not honest to themselves. They take public positions, and then become the servants of politicians, lose their individuality and do not stand for what they should, and that as soon as they begin to stand for order and for right, they will be looked up to, and the public will get what belongs to it.

The paper was further discussed by Drs. Blanchard, Rosenkranz, Sexsmith, Pyle and closed by Dr. Dickinson.

MERCER COUNTY.

William C. Sandy, M. D., Reporter.

The regular monthly meeting of the Mercer County Medical Society was held in the Municipal Building, Trenton, the evening of January 7th. The Presideint, Dr. H. A. North, presided.

Owing to the inclemency of the weather and probably also to the change in the date of meeting which was not generally understood, there was a small attendance.

The members present, however, made up for their small number by the enthusiasm with which they discussed the topic of the evening. After a brief business session, Dr. North told of his experience in "Placenta Praevia cases complicated by Post Partum Hemorrhage." He narrated the histories of several such cases and all those present felt amply repaid by the interesting discussion of this important subject.

MIDDLESEX COUNTY.

From the New Brunswick Home News.

The January meeting of the Middlesex County Medical Society was held, with good attendance, in the Hillside Inn, Metuchen at 8:30, January 15th. In the absence of the president and vice-president, Dr. A. C. Hunt presided. Drs. English, Gruessner, Riva and Saulsberry were present from this city.

Dr. H. A. Cotton, Director of the State Hospital, Trenton, and Drs. Cladek, Orton and Hoagland, of the Union County Medical Society, were present as guests.

The paper of the evening was read by Dr. Otto G. T. Killiani, a prominent New York surgeon, on "Progress in Cancer Researc.h" It was an exceedingly entertaining paper, well illustrated by the lantern slides, showing the results of some of the newer methods of treatment. He showed several specimens which he brought from the Wassermann Laboratory in Germany.

It was discussed by several, Dr. Killiani answering several questions asked. Refreshments were served at the close of the meeting.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The regular quarterly meeting of the Morris County Medical Society, was held at Morristown on December 10th, 1912.

In addition to the officers of the Society, Dr. T. N. Gray, Secretary of the State Society, Dr. C C. Beling, Counsellor of the District and a large number of members were present.

The Essayist was Dr. Carl R. Keppler of New York City and Elizabeth, who read an essay on "The Short Spica in the Treatment of Hip Joint Disease." Dr. Keepler said that the most satisfactory treatment of Hip Joint Dis-

ease was by means of a short spica bandage and that as the course of the disease was usually three to five years, if it was not properly treated distortion or deformity were likely to occur. The proper treatment he thought was the prevention of irritation which was best brought about by extension of the femur. Removal of the epiphysis was not desirable especially in children where as a result the growth of bone was arrested with subsequent atrophy. He was of the opinion that the best means of treating these cases was by artificial fixation as this enabled the parts to rest and also brought about a condition of local anemia which aided recovery.

Fixation with traction from the knee and ankle had not proven satisfactory. The often used long steel brace with the foot fastened securely to a cross piece did not allow of free body movements and an atrophy from disuse often followed its use, the amount of restraint neessary was weakening and the fact that the apparatus was so noticeable had a depressing mental effect on the patient.

The doctor proceeded to describe the Lorenz Spica for the pelvis and hip, which while it brought about full fixation and extension was not irritating if properly applied. The necessity for placing a scratch band under the shirting skin protector was strongly emphasized as a method tending towards comfort and as a means of cleanliness. Stress was also laid on the fact that proper moulding of the plaster must be carefully done over the illiac cests, and that in a true Lorenz Spica no wood or steel splints as a means of support were ever employed.

The spica should not be employed until deformities were corrected and should be applied every three months and any deformities found again given attention. A cure was generally possible in two years. In the patients the doctor had treated by this method, the limbs were firm and warm with little atrophy, no apparent deformity and as a rule there was no ankylosin. Photographs of the application of the bandage, those wearing it and of those cured by its use were shown. From these it was seen that it was not irksome to wear and no shortening followed its use.

Dr. L. K. Henschel of the New Jersey State Hospital at Morris Plains read a paper on "Paratyphoid Fever." After reviewing the literature on the subject he reported the history of a patient who presented all the clinical signs of typhoid fever a few weeks after receiving immunizing doses of typhoid vaccine. The urine was negative and the blood picture only pointed towards a general infection. Various consultants were called and none made a definite diagnosis though they were only willing to rule out typhoid fever because vaccine had been administered. An interesting feature of the case was the fact that early obstinate constipation was marked and whenever this condition was relieved by enemata or laxatives the temperature always rose a degree or two. A chart showing the temperature, pulse and respiration, during the course of the disease was shown and the findings of repeated blood and urine examinations were read. The diagnosis was made only after paratyphoid bacilli were recovered from the blood. The evidence of growth of this bacilli on various sugars and other cutlure media and the differences of this growth from that of bacillus typhosus or colon bacillus were carefully explained.

Both these papers have been promised for the Journal.

Dr. Phillips of German Valley was unanimously elected to membership in the Society.

The next meeting will be in Morristown in March.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The annual meeting of The Passaic County Medical Society, was held on January 14, 1913.

Dr. Philander A. Harris, of Paterson, gave a further report on twin drainage with stab wound exits for the evacution of bleeding and exudative spaces, in abdominal surgery, with special reference to the use of such drainage for spaces occurring between tiers of sutures closing incision of the abdominal wall.

Dr. Thomas A. Dirgnan, of Paterson, read a paper on **"Peptic Ulcer."**

After discussion the meeting adjourned.

UNION COUNTY.

The regular meeting of the Union County Medical Society was held at the Elks' Club, Elizabeth, Wednesday, January 8, at 8:30 P. M. Dr. C. H. Schlichter, president, in the chair.

The regular order of business was deferred in order that the paper of the evening be read.

The paper on, "The more liberal Diet in Typhoid Fever," was presented by Dr. Warren Coleman of New York. It was an able and scientific treatise on this subject, and Dr. Coleman displayed charts of statistics supporting his contentions.

The paper was then discussed by Drs. Conover, Wagner, Pierson and Stern.

Dr. Wilson moved that this Society recommend that the State Society meeting be held the second week in June, 1913, at the New Monmouth Hotel, Spring Lake.

Dr. Perkins, of Cranford, moved that the secretary be instructed to write Governor Wilson and ask him to appoint Dr. Wiley Secretary of Agriculture and that the secretary write to the other County Societies, and ask them to do the same.

The following were proposed for membership: Dr. R. G. Savoy, of Westfield; Dr. F. H. Gilpin of Cranford, and Dr. G. Banker, of Elizabeth.

Those elected to membership were: Dr. F. Tweddell, of Summitt; Dr. F. Steinke, Elizabeth; Dr. J. E. Runnells, Scotch Plains, and Dr. J. Wantock, Chrome.

Dr. T. F. Livengood, presented a recommendation on Contract Practice, which was referred to the committee on legislation.

Local Medical Societies.

Camden City Medical Society.

This Society held its regular January meeting at the Dispensary building with good attendance. Dr. H. I. Goldstein presented a very interesting case—a man with the heart completely pulled over to the right side of

the chest, as the result of fibrosis of the lung with contractures, from chronic phthisis of the right lung. The patient was 62 years of age, with a history of illness dating back six or seven years. His chief complaints were cough and dyspnoea.

Election of officers took place, resulting as follows:

President, Dr. William W. Kain; vice-president, Dr. Paul H. Markley; treasurer, Dr. William H. Pratt; secretary, Dr. William I. Kelchner; historian, Dr. Joseph E. Roberts.

The Board of Managers of the Camden City Dispensary were re-elected.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met at the New Jersey State Hospital at Morris Plains on Tuesday, December 17th, 1912, when they were entertained by Dr. B. D. Evans and Dr. L. K. Henschel. Dr. F. W. Flagge of Rockaway was chairman. The subject for discussion was "Dementia Praecox." Dr. B. D. Evans, Medical Director, opened with an address of welcome in which he referred to the necessity for co-operation and cordial relations between other practitioners and the Hospital Staff. This would enable those caring for the insane to have better knowledge as to how to treat those in the hospital, as a doctor was often able to give useful information which those related to a patient might overlook or consider of little consequence. Seven patients suffering with Dementia Praecox were presented and each showed well marked characteristics of the disease. All the different types were exemplified. Many of the terms used in modern psychiatry were refined and an explanation was made of the way those terms are at present understood.

Following this in a brief but lucid way the symptomatology and treatment of the disease were described.

The various ideas as to the etiology of dementia praecox were mentioned and the idea expressed that possibly a number of factors working together would eventually be found to be the cause of the disease.

Recent pathological findings were also referred to, though in this connection it was said that similar conditions were occasionally found in other diseases.

Dr. C. C. Beling of Newark was present and joined in the discussion.

Practitioners' Society of Eastern Monmouth.

Dr. W. B. Warner, Secretary.

The regular monthly meeting of the Practitioners' Society of Eastern Monmouth was held at the home of the Secretary, Red Bank, on Thursday evening, January 9, 1913. Twenty-five members were present.

Dr. Robert Browning Wilson of Red Bank read the essay of the evening, the subject being Gastric Ulcer.

Discussion was opened by Drs. Homer T. Partree and Peter P. Rafferty. Dr. Harry Shaw of Long Branch recited the history of a notable case.

The February or "Mid-winter" meeting will be at the residence of Dr. Edwin Field. The occasion will be a surgical evening. Dr. Field, Dr. Shaw, and Dr. John Taylor constituting the Surgical Staff of Monmouth Memorial Hospital will discuss "The Differential Diagnosis of Ectopic Gestation, Ovarian and Tubal Inflammations, and Appendicitis."

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club on Friday, Dec. 27, 1912. Dr. Josiah Meigh entertaining, and Dr. W. H. Lawrence, Jr., occupying the chair.

The following members were present: Drs. Campbell, English, Gorton, Keeney, Lamson, Lawrence, Meigh, Risk, Smalley and Stites.

The paper of the evening was read by Dr. Louis F. Bishop, of New York, on "Cardio-Vascular Diseases," and it was freely discussed. Refreshments were served.

Medical Library Association, Elizabeth.

Local physicians met at the Public Library January 8th, and organized the Medical Library Association of Elizabeth. The object will be to provide medical works. All physicians, whether residents of the city or not, are eligible to membership. In addition to electing officers the organization also appointed two committees, one to arrange with the librarian for quarters and the other to increase the membership. The following officers were elected: Prsident, Dr. John P. Rilly; vice-president, Dr. Charles H. Schlichter; secretary and treasurer, Dr. George Knauer.

The Medical Club of Philadelphia.

This club held its annual election and reception at the Bellevue-Stratford Hotel, on January 17th. The following Camden physicans, who are members of the Club, attended: Drs. Palm, Roberts, Strock, Lee, Goldstein, Davis, McAlister, Schellinger, Osmun, Kain, Hirst, Fithian, Bushey, Pechin, Hummel, Kelchner and Lippincott.

Health Officers' Association of New Jersey.

The annual meeting of this Association was held in the State House, Trenton, January 25, 1913. President Edward Guion, M. D., Atlantic City, presided and delivered the annual address. The other business was report of the chairman of the executive committee, including auditing report; reports of committees on law and legislation, vital statistics, standard ordinances, standard annual reports, and control of rabies; other unfinished business; new business; report of nominating committee; election of officers and executive committee.

State and Local Health Boards' Conference.

The annual conference of these Boards of Health was held in the State House, Trenton, January 24, 1913. The conference opened with an address by Dr. Bruce S. Keator, secretary of the State Board of Health. The papers read and discussed were "Federal Meat Inspection," by Julius Heuloen, D. V. S., Jersey City; "The Adjustment Between the Health Boards and School Medical Inspection Work," Dr. Ed-

ward A. Ayers, Branchville; "The Moorestown Typhoid Fever Epidemic," Inspector D. C. Bowen, Trenton; "The Functions of a State or City Bacteriological Laboratory," Dr. William H. Parks, New York; "Air Supply and the Public Health," Prof. C. E. A. Winslow, New York.

Miscellaneous Items.

Prevention of Infant Mortality.

A movement in England, similar to that in this country, has resulted in an alliance among a number of associations interested in the welfare of infants, and the formation of a National Association for the Prevention of Infant Mortality, of which their Majesties the King and Queen have consented to act as patrons. Mr. John Burns is the president of the association, and plans are being made for an English-speaking conference on infant mortality to be held in London on August 4 and 5, immediately preceding the meetings of the International Medical Congress.

Philippine Medical Service.

The United States Civil Service Commission announces for February 17 a competitive examination open to men only, for the purpose of filling a vacancy in the position of Chief of the Department of Medicine, Philippine General Hospital, Manila, at a salary of $4,000 per annum. The hospital has a capacity of 350 beds, and an excellent equipment, and is in close touch with the Bureau of Science with its fine research laboratories. Applicants for the examination must be citizens of the United States between the ages of twenty-eight and forty, and graduates in medicine. Permission to submit certificates is given by the United States Civil Service Commission, Washington, D. C., and application should be made at once for Form B. I. A. 2.

Fines for Importing Disease.

The House of Representatives on January 15 passed the Kindred bill imposing a fine of $200 on any transportation company which brings to the United States a person suffering from epilepsy, any form of mental disorder, or dangerous contagious disease.

Tuberculosis and Poverty.

The New York Association for Improving the Condition of the Poor has recently completed a study of the causes of poverty in New York, from which the conclusion is drawn, that tuberculosis is responsible for over 8 per cent. of the destitute homes in the city. It was found that of 6,565 families applying for aid between Oct. 1st, 1911, and June 30, 1912, 1,605 were forced to do so on account of illness, and tuberculosis was found to be the disease responsible in 555 or 34 per cent. of these. Rheumatism forced 187 other families into dependency, and the remaining cases were classified as follows: Illness attending childbirth, 161; kidney and heart disease, 156; pneumonia, 99; children's contagious diseases, 48; paralysis and epilepsy, 48; eye and ear diseases, 45; cancer and tumors, 44. The Association concludes from these statistics that the prevention of disease, and especially of tuberculosis, is a most important phase of the campaign against poverty.

Provision for Feeble-Minded and Epileptics.

Plans for proposed legislation in the interest of feeble-minded and epileptic persons of the State were discussed at a conference of charity workers with Commissioner Joseph P. Byers, of the department of charities and corrections, Dec. 9th. Among those present were Mrs. Caroline B. Alexander, of Hoboken; Dr. Madeline K. Hallowell, of the Home for Feeble-Minded Women at Vineland; Professor E. R. Johnston, Bleecker Van Wagenen, New York City, and Dr. David F. Weeks, of the State Village for Epileptics at Skillman.

Anti-Meningitis Serum.

Dr. Simon Flexner, wizard of the Rockefeller Institute of Medical Research, and discoverer of the antimeningitis serum, summarized the results of this discovery for the section on control of infectious diseases at the late International Congress on Hygiene and Demography, at Washington. The importance of controlling these diseases, he declared, is daily becoming more important. He said: "I have had opportunity to examine nearly 1,300 case of this disease in which the serum was used. These were representative cases from every part of the country. Of the 1,294 cases, 849 recovered and 400 died, fixing the death rate at 30 per cent. As nearly as I have been able to reach a conclusion, the normal death rate from meningitis, before discovery of the serum, was 70 per cent. So there has been an absolute reversal since the coming of the serum: 30 per cent now die, where before only 30 per cent recovered."

To Test Right to Operate on Criminals, Etc.

A writ of certiorari has been allowed by Justice Bergen in the Supreme Court to review the action of the board of examiners of feeble-minded, epileptics, criminals and other defectives in ordering that an operation be performed upon Alice Smith, an inmate of the State Village for Epileptics.

The board, which is composed of Commissioner Joseph P. Byers, of the department of charities and corrections; Henry B. Costill and Alexander Marcy, Jr., recently made an order adjudging that the Smith girl was an epileptic and ordered that the operation of salpingectomy be performed upon her.

Physician Secures Damages from Casualty Co.

In the case of Dr. Henry Charles Ohle, who sued the Maryland Casualty Company for $20,000 damages alleging that on Oct. 7, 1909, he operated on a patient and thereby became infected, resulting in total blindness, the court decided in his favor allowing him damages of $7,500. Dr. Ohle held an accident policy in the company by which he was entitled to $5,000 in the event of blindness and a weekly payment of $25 a week for a certain period.

"I very rarely use alcohol in my practice. I think that its use is never essential. Physicians are using it less and less in the treatment of disease owing to the recognition that it is a narcotic, not a stimulant, and that other narcotics are usually better when a narcotic is required."—Richard C. Cabot, M.D.

THE JOURNAL
OF THE
Medical Society of New Jersey

FEBRUARY, 1913

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to
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Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to
William J. Chandler, M. D., South Orange N. J.

THE ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY,

will be held in the New Monmouth Hotel, Spring Lake, June 10-12, 1913. The date has been fixed by the Board of Trustees, with the general approval of County Societies and members heard from. The place was practically fixed by the almost unanimous vote of our State Society at its last annual meeting. While it was believed later that a change of place was necessary on account of the hotel's supposed inability to accommodate us, changed conditions have enabled the hotel to favor us and they have sent us a cordial invitation to come.

We call attention to Dr. Halsey's paper on page 452, on "The Problem of Mental Deficiency in its Relation to the Medical Profession," also to the Law for the Collection of Statistics on Mental Deficiency and Epilepsy on page 477. We can now only speak of the vast importance of rightly solving the problems of mental deficiency and of gathering accurate statistics of defective and dependent persons, and also call our members' attention to the fact that the Law passed last year imposes a penalty of fifty dollars for failure to report cases.

We hope to give an extra good Journal next month. See that editor gets report of every medical society meeting.

OUR MEMBERS' INFLUENCE.

We give more space than usual this month to our "Personal Notes," and the items come not from those mentioned, but are culled from the daily press and occasionally from other medical journals. It is worthy of note that the influence and activities of our members—the items are confined to our own State Society's members—are extending beyond the sphere of professional work in private practice, hospital work and ordinary public health board service.

In our educational institutions we observe it and there it is eminently proper, because a sound body largely affects life and is essential for best mental and physical work and these institutions are supposed to be training the young to do life's work intelligently, vigorously and successfully. But we note also that many physicians are being called into public official life and that, in increasing numbers, they are summoned to aid in the direction and management of our financial institutions.

These facts show the broadening effects of the sound and thorough training of the profession and are strong arguments for and justification of the high standards of medical education and requirements by the State for its recognition and licensure of physicians, for which we, as a profession, are earnestly contending.

MEDICAL LEGISLATION.

We have spoken of our members influence, but in matters of legislation we often so sadly fail to exert the influence that duty to the profession and fidelity to the interests of our State demand of us. The failure often comes from a lack of intelligence or thoughtlessness concerning either the object or importance of attempted and greatly needed legislation. We fail to differentiate between legislation for our own benefit as a profession and legislation for the public good.

Wise legislation for the protection of the members of our profession is *perfectly right and proper* because it is at the same time

pre-eminently protective of the highest health conditions of our State, and its citizens, and because the State, wisely, requires of us high educational qualifications for licensure and, therefore, it should protect us from the quacks and incompetents that have no such qualifications and are jeopardizing the lives and health of the people they are deceiving and swindling.

But we declare that the past actions of our profession in seeking legislation and in opposing the enactment of faulty or pernicious laws have been almost entirely for the public good and not for the financial benefit of our profession. Most of it has been costly—in time and money—to those actively engaged in contests and the bills advocated by us have meant decided financial loss to our members generally.

We do not know exactly what medical legislation will be attempted this winter, but we urge the members of our State Society to intelligently consider all acts of such nature introduced and to use their influence with the people and with the legislators representing their respective counties in favor of such measures as are endorsed by our Committee on Legislation and our able physicians in the legislature—Dr. William E. Ramsay in the Senate and Dr. Henry O. Carhart in the Assembly; or to confer with the Committee and our physician-representatives in the legislature on any changes they would suggest.

In the past certain members of our profession, either from lack of intelligence regarding certain excellent bills, or lack of interest because such bills did not affect them personally, or because they wished to please the legislator or personal friend, or because of some other questionable motive, told their representives—"We do not want, or need, the bill," or "I would not vote for the bill," etc., and the bill that meant the public's good was lost because of such bad or harmful influence. *Let us be intelligent physicians who use our influence to exalt our profession and loyal citizens who seek the highest and best interests of State and Country!*

SUSTAIN YOUR COUNTY MEDICAL SOCIETY.

There is no need more important, more pressing and more imperative for the welfare of our profession than the quickening and intensifying of the life and activities of our County Medical Societies. The intellectual, social and business sides of the profession's well-being and advancement are dependent in a large measure upon its associated activities and not on that cold, calculating, unmanly, selfish, independence which says, by actions if not in words—every man for himself, regardless of his fellow-member's rights, privileges, enjoyments and advancement.

We give herewith the substance of a letter received from the reporter of one of our County Medical Societies which has many able practitioners enrolled in its membership, and our reply. The reporter says:

"Our County Society has not held a meeting since ——————, and that one was so small that the secretary failed to send me a word thereof. Queer?"

Our reply was as follows:

"I note especially what you say about no meetings of the ——————— County Society, to report. Doctor, that is exceedingly regrettable and should not be! The crying need, for the profession's honor, growth and betterment is Organization! and Organization for our own protection and to win public respect for ourselves as progressive men who are worthy members of so honorable and progressive a profession!

"Patent medicines, nostrums, quack doctors, druggist prescribers, osteopaths, Christian Scientists, socalled, etc., etc., are robbing doctors of what rightfully belongs to them, and are destroying human lives by the thousands; while false charity by the wholesale and shamefully low-priced contract practice are not only cheating the doctors who are so practicing out of thousands of dollars more, but they are also doing great injustice to the doctors who cannot and do not practice so cheaply. The result is that both those who do and those who do not so practice are often seriously affected in providing fully for their own families' support and comfort; the families are damaged that are treated so cheaply, and generally so carelessly, and the profession is dishonored, shorn of its power and robbed of its glory.

Get your County Society, doctor, in better condition for your own members' sake, for the profession's sake and for humanity's sake!"

We refer above to the lax and improper business methods of practitioners as tending to dishonor the profession and rob it of its glory. We have before referred to

our profession's activities and record in Preventive Medicine as the profession's crowning glory. It is with no spirit of braggadosia that we refer thereto, nor do we claim that our profession, or its individual members are worthy of special consideration and praise for exhibiting that *esprit du corp,* which should characterize our membership, or for manifesting an unbounded and unceasing genuine charity. The record of the profession is an open book to which we do not need to call attention. The faithful, devoted, self-denying—often self-sacrificing—services of its members, to the State and to its citizens in public institutions and in private practice, are recognized by intelligent men outside our profession who know and have spoken of our profession as having been characterized by a devotion and charity that has exceeded that of any other profession or class of men.

We wish—as we believe every thoughtful, high-minded member of our profession wishes—to see that record maintained and made even more worthy of commendation. Therefore we sent the above reply and give it to our readers, asking their thoughful consideration of the evils mentioned which are gradually undermining the profession's high standing and limiting its high purposes to serve our fellowmen in a manner befitting so honorable a calling.

Every Society ought to hold at least one meeting this year to discuss the business side of the profession's work and carefully seek to eradicate existing evils. Let there be wise discrimination in reaching conclusions; for example—there is proper and improper division of fees between specialists and general practitioners; there is proper and improper contract practice; there are proper and improper methods of securing public positions and deciding compensation therefor, as in the case of medical school inspectors underbidding each other where the winner secures the position at a discreditable salary. Let us also resolve, in maintaining pleasant and cordial relations with each other, that we will act as become members of such an honorable profession and, while continuing to exhibit such unbounded charity to the public and to patients as is becoming and proper, that we will ever exhibit to our brother members with whom we associate that charity which "suffereth long and is kind, that envieth not, vaunteth not itself, is not puffed up, is not easily provoked, thinketh no evil, beareth all things, believeth all things, hopeth all things, endureth all things," and which, "never faileth."

EDUCATIONAL INSTITUTIONS.

The medical profession is composed of men who have richly enjoyed the advantages and blessings of education and they are, therefore, capable of appreciating the immense importance of securing and maintaining the best methods and highest efficiency in conducting our educational institutions.

We understand something of the power of our schools—public and private secular schools and medical and other professional schools—in shaping the future life-work of the young and the welfare and destiny of our country. We are deeply interested in the efforts to make these schools what they ought to be to secure greatest efficiency and to make them productive of greatest good to the on-coming generations, in the development of sound minds, in sound bodies, that shall be able to grapple with the great problems of the future, the solution of which will mean either our country's advancement, in prosperity, greatness and righteousness, or its decline, if not its destruction.

Intelligent and persistent efforts during the past few years for the correction of faulty equipment and methods of our medical schools, have already brought forth splendid results, and are destined to raise medical education to a plane that shall mean wonderful advance in scientific knowledge and far-reaching results in the blessing of humanity.

The thorough overhauling of our public school equipment and methods has come

none too soon. The great neglect to teach thoroughly the fundamental branches has been a most serious defect. We do not propose to discuss the cramming system—which is not *true* education—nor other defects, but we do express the opinion that the enormous expenditure—we believe over twenty millions of dollars in New Jersey, last year—ought to have given us better results; and we do urge, and call upon every member of our profession to become active in urging, that politics and objectionable political methods shall be kept out of our school appointments and administration. We refer especially in this appeal—for the guarding of our schools—to the personnel and work of the local Boards of Education.

We especially emphasize the point that the members of our profession shall oppose every attempt to control and every scheme proposed to the local board of education that has the appearance of objectionable or questionable political methods, which is initiated or endorsed by misguided or thoughtless medical men or others, for their own or others profit, in any scheme which is *right* and proper *when rightly conducted.*

DR. WILSON'S TRIUMPH.

We congratulate our president, Dr. Norton L. Wilson, on his acquittal in the damage suit against him, as referred to on page 475. No one acquainted with Dr. Wilson's reputation as a man and a specialist practitioner, and who knew the facts in this special case, doubted the results of the suit that it would be in his favor. We are glad to see that no physician in New Jersey appeared as an "expert" against him on such evidence as was presented by the prosecution. We might expect that "outsiders," and irregulars might possibly be found who would testify against a member of our profession even if they knew little about the facts and cared less for a man's reputation especially if he was a scientifi practitioner of medicine.

MEDICAL INSPECTION OF SCHOOLS.

We cannot at present give time and spac to discuss this highly important subject but we call special attention to the actio of our State Society at its last annua meeting. It was as follows:

"Whereas, There is urgent need of accom plishing various adjustments in our laws relat ing to medical inspection of schools and allie matters and of furthering classification, stand ardization and other details of this work; be i

"Resolved, That a committee be appointe by the president, consisting of three members o this society, which shall make special study o the subject and make recommendations to th Legislature, in conjunction with the Committe on Legislation, and to educational and othe boards, as in its judgment are indicated."

The committee which was appointed by Dr Strock comprises Dr. Edward A. Ayers, o Branchville; Dr. William G. Schauffler, presi dent of the State Board of Education, Lake wood; Dr. A. Clark Hunt, of Trenton, of th State Board of Health; Dr. George J. Holmes of Newark, and Dr. Joseph MacDonald, Jr., o East Orange.

It would seem proper to hear from thi committee composed of able practitioner before making editorial comment, but it i a subject which deeply interests and in volves the entire profession and its wis solution makes for the credit and honor o the profession as well as the welfare o our schools and of the present and futur generations of our children. We had therefore, hoped for a report of the Committee's conclusions to insert in the JOURNAL. We are informed that a legislativ bill was prepared, but that on close exami nation some of its provisions were so faul ty as to need correction, which had no been made, nor has it been yet submitte to our Committee on Legislation as ou Society's action required, therefore we ar compelled to defer insertion of even a outline of it.

Medical Inspection is yet in its experi mental stage as to best methods and thei most practical application and these phas es of the subject should receive most care ful study to avoid failure or imperfect an harmful results, as mistakes in the pas have meant waste of time and money i other branches of Preventive Medicin work, notably in that of the local healt

boards in the vast majority of our towns and cities. We are informed that one of the chief features outlined in our committee's plan is the appointment of a State Inspector who shall have general oversight of medical inspection in our schools. That seems very wise, but it would also seem wise, for the justification and success of the scheme that three points be most carefully considered and observed: 1. As to the man appointed—certainly one who has had sufficient experience and good results as a medical inspector; 2. As to the scope and methods of inspection; 3. As to the central authority that has oversight of *his* work and passes final jugdment upon it.

Doubtless our committee has carefully considered these among the essential features of this effort to make medical school inspection practical, efficient and most successful, but we wish the members of the profession to consider them, in order that the committee's work shall be unanimously recommended to our legislators and receive their intelligent and favorable consideration.

PRINTERS FAVOR THE OWEN BILL

In the January issue of the *Typographical Journal* under the heading "A Measure Printers Should Favor," appears an editorial endorsement of the Owen bill. After outlining the purport of the bill, the editor says, "As usual, the measure has encountered the opposition of certain interests. To overcome this opposition and to effect the passage of the bill will require educational work and the co-operation of friends of the measure." *The Typographical Journal* recognizes the importance of this measure to the working man. Probably no other class would be so greatly benefited by any improvement in health conditions as would the competent, industrious members of trade-unions. The man who makes his living by the work of his own hands must have health. It is his principal asset. Any measure which improves health conditions is of direct personal interest to the working man, says *The Journal of the American Medical Association.* If all other influences for health legislation were silenced, the labor unions of the country alone, if they fully understood its importance, would still demand that Congress pay at least as much attention to health, which is the capital of the laboring man, as it does to currency, banking, the tariff and interstate commerce.

We regret exceedingly the non-appearance in the Journal of Prof. J. C. Bloodgood's splendid Oration in Surgery at our last annual meeting. In the pressure of the doctor's work in Johns Hopkins University, the oration was prepared in outline which required some time to put it in shape for the printer. He was taken ill before doing so, and underwent a serious operation which required some weeks of entire rest later. His communication in our correspondence columns will give his all-sufficient reasons for the delay since. We expect to have it in time for our March issue. We were all glad to have the doctor with us, profited by his oration, regret his illness, rejoice in his full recovery, will enjoy giving his oration our study, and will be pleased to welcome and listen to him again.

The meeting of the New Jersey Sanitary Association in December, at Lakewood, was one of unusual interest. The papers generally were of a high order of excellence. The medical men presenting papers were: Dr. E. A. Ayers on the Mosquito Question; Dr. T. W. Salmon, New York, on Mental Hygiene; Dr. W. P. Mason, Albany, on Protection of Streams; Dr. T. W. Harvey, on Phthisiophobia; Dr. R. H. Hunt, on Mosquito Control in Essex; Dr. G. E. McLaughlin on Water Purification and Typhoid Fever; Dr. G. K. Dickinson on the Sleeping Sickness.

Other papers were on: Fireproof Construction of School Buildings, Sanitary Control of our Milk Supply; The Oyster Industry in New Jersey; Health Laws Upheld by the Courts.

One feature of the meeting we especially commend—the time given for the discussion of papers. We hope our State Society at its next annual meeting will follow the example even if discussion on business matters has to be curtailed somewhat.

"Do not dwell too much upon your failures. Do not look back too much. Life will not bear this retrospection, and indulgence in vain regret is not a fitting luxury for those who have their fortunes to make. Look up and look forward always."

The men who are lifting the world upward and onward are those who encourage more than criticise.—Elizabeth Harrison.

County Medical Societies and Medical Economics.

The County Society and Its Development,

From the South Carolina Med. Assn. Jour.

There are certain definite aims already carried out by a few county societies we in this State should consider and probably emulate. In the first place a society, like the individual member, is very apt to become a more important factor in the progress of the community if it owns its home. This of course means an outlay of considerable money. Where practicable this home may be an integral part of the local hospital. Every society should have a steadily accumulating fund for use in the development of the plans and purposes of the society along many lines. This will require an increase of dues perhaps but no other investment will probably pay so well in the long run. The average doctor has contributed very liberally to the establishment of homes for a multitude of other organizations and these imposing and impressive edifices loom before his vision in every community in the land. It is time to call a halt and build a home for his own professional advancement.

Join Your County Medical Society.

The President of the South Carolina Medical Society says:

By joining your county society you become thereby a member of the State Medical Society, and then you are immediately eligible for membership in that greatest and most influential of all scientific organizations of the world.—The American Medical Associaton.

Extracts from a Paper by Dr. George D. Nutt, of Williamsport, Pa.

The profession as a whole does not yield the influence it should in a community, for the betterment of humanity and the eradication of superstition and quackery. Take it in its business aspect, do you suppose if all the licensed medical men were united in one body, like other organizations that associate themselves together for mutual advantage and protection, that there would be any question of unpaid accounts or indignant feelings when their bills were presented? One of the greatest means or influences that would place physicians on a firm financial basis with other learned professions in regard to their income, as well as enable them to command the respect and esteem of the public, is being more liberal and human in the treatment of each other, banding themselves together in a well organized society, showing mutual respect for one another's interest and being willing to sacrifice self rather than a fellow practitioner.

We have been fighting among ourselves too long; the public is too cognizant of our selfishness and petty jealousies, and in the past has used this trait or attitude of jealously to belittle or discredit our fellow members of the profession. If we would preserve our prestige and influence as an organization, it is expedient for us as individuals to bear and forbear, we must forget our animosities and personal grievances; in other words, put into our daily practice the precepts of the golden rule. * * * If we are honest in our work, true to ourselves and to each other as members of the same profession, the public will honor us all the more for it, and have place ourselves in a position to command their respect and confidence. I have no fear but that our financial consideration will be duly appreciated and promptly met.

Lodge Practice and Its After Effects.

It is only short-sightedness that makes a physician accept a lodge practice with its beggarly compensation, and to make this proposition clear we will put the gain and loss in parallel columns:

Gain—(1) Ready cash. (2) Early foothold on practice. (3) Large circle of acquaintances. (4) Rapid increase of business. (5) Apparent prosperity.

Loss—(1) Increased expenses for transportation, etc. (2) Practice unstable and unsatisfactory. (3) Acquaintances not of a kind to do permanent good. (4) Too busy to do thorough work. (5) Prosperity evanescent.

The doctor, who is mostly a recent graduate and should have a thorough post-graduate schooling in self-discipline and conscientious work, finds himself compelled to see a large number of patients who pay for his services at such rates as to make any reasonably thorough investigation of a case out of the question. He has no incentive to do good work, even if he had the time. The result is that he gradually acquires slip-shod methods of diagnosis and treatment, and in a very short time becomes a real cheap doctor. Once in the mire, he finds it difficult to extricate himself, so that later in years, when on his feet, he is without friends, without prestige and without respect from the more intelligent portion of the community. His practice has added nothing to his store of knowledge, his experience is of no value, and he could not make good even if opportunity should present itself. He remains a cheap lodge-doctor whom people consult in what they regard as trivial cases of sickness, just as they would consult a druggist, but whom they discharge as soon as the case assumes a serious aspect. Accustomed as he is to place his services at a low valuation, he renders services which are equal to their value, and the erstwhile proud possessor of a medical diploma finds himself in the lowest ranks of the medical profession. Nor is this all. He makes possible the existence of medical lodge-practice which is not only a cruel deception on the poor but a blot on medical practice.

All this is unnecessary. Let us agree one and all that we will not accept the insulting proposition from the lodge promoters. There will be fewer lodges but the number of sick will remain the same, and while each doctor will get a fewer number of patients, he will be just as well off financially and certainly better off intellectually.

"The only knowledge that a man has is the knowledge he can use."—Macauley.

"If you wish success in life, make perseverance your bosom friend, experience your wise counselor, caution your elder brother, and hope your guardian genius."—Addison.

Wanted: All Medical Publications of All New Jersey Authors.

The Medical Library Association of Newark, in its building of a thorough-going library, has been collecting New Jersey publications and wants to further perfect its files till, as far as possible, they include all books, monographs, reprints, articles or things edited by any medical man of New Jersey at any time. They would appreciate communications from anyone leading to the acquisition of any such publications and will gladly pay transportation on them. Any relatives of deceased doctors who were authors of anything and, of course, all living writers are urged to forward such medical productions to the Medical Library Association, Newark, N. J., with a letter of notice so stating, and due acknowledgement with thanks will be returned.

I look on that man as happy who, when there is a question of success, looks into his work for a reply: not into the market, not into opinion, not into patronage.—Emerson.

Correspondence.

Dr. J. C. Bloodgood's Oration.

Baltimore, Md., Jan. 18, 1913.

Dear Dr. English:—

I have really been up against it since I returned November the first. In the first place I lost a month's teaching, accumulated work, the perparation of the Mutter lecture in Philadelphia and an important paper before the Southern Surgical Association, and the amount of teaching has so increased, that I had to steer my way clear through the rocks of past papers.

Your paper is almost ready. * * If I can get two evenings off I can finish it, and I trust to do that within the next few days.

With kindest regards,

Very sincerely yours,

Joseph C. Bloodgood.

(The doctor is certainly excusable. See our editorial column.)—Editor.

Fee-Splitting—Dr. C. L. De Meritt.

Hoboken, N. J., Dec. 29, 1912.

Editor, Journal of the N. J. State Society,

Dear Doctor English:

To-day's New York Times contains an article on "Fee-splitting" by Dr. C. L. Reed, a gentleman, whose professional reputation and literary ability render it no light matter to differ with him. But as most of the articles in both lay and medical papers regarding the division of specialists' fees comes from the pens of prominent specialists whose financial interests are involved in the matter, it may be that this humble attempt to help solve this vexed question from a middle point of view will commend itself, as worthy of print, unless, as I hope may be the case, Dr. Reed's letter may call forth an abler reply from some one as prominent, and as good a writer, as himself

The surgical profession stands in a false position. Most surgeons serve on hospital staffs, in which capacity they have to give their services free to the poor, and to some impostors as well. The care of the sick poor is a service to the State, and ought to be paid for by the State. It would be so paid for if surgeons had enough nerve and self-respect to stand together and demand it. It is not noble or humanitarian to serve a wealthy public for nothing. It is shameful, degrading and a cheapening and prostitution of a noble profession. Under this yoke of servitude the surgeon is driven to the illogical expedient of grading his prices to fit the incomes of his patients. So he operates on fifty poor patients for nothing, on ten so-called "middle class" patients for $100 apiece, and on one millionaire for $5,000. His only excuse is that the rich man's life is worth more than the poor man's, which is abhorrent to American ideals. Imagine the same principle ruling in any other business! Suppose a butcher should give fifty steaks to beggars, and charge ten clerks twenty-five cents a pound and one railroad president $50 a pound for the same article! His alarmed relatives would soon place him under restraint.

It may readily be inferred that the surgeon, in this illogical and archaic position, does not as a rule have a very large income, and his expenses are heavy. He must maintain attractive offices, he must reserve part of his time for study, he must belong to various professional societies, have journals, books and instruments, and travel to keep abreast of the times. Living and working under these conditions, and apparently having a very contracted vision of the business side of his work, he seeks to restrict competition and we have what is virtually a surgical trust. Wire-pulling and intrigue are resorted to, to obtain hospital appointments and to prevent others from obtaining them. Public letters are written, and at medical meetings papers are read, to drum it into the heads of the public and the general medical practitioner that the ability to do surgery is a sort of divine gift to which no common mortal dare aspire. And to add insult to injury many of these same surgeons offer themselves to the general practitioners as medical consultants, and even treat ordinary medical cases. Is it any wonder that some general practitioners smarting under this unjust state of affairs lost their proper conception of business morality and try to get even by grafting on the surgeon?

There is a large and increasing number of general practioners who are doing part or all of their own surgical work. They have realized that it is no harder to do good surgery than good medical work. They have qualified themselves to do surgery by sacrificing part of their general practice and devoting the time thus gained to post-graduate study, often taking repeated courses, and operating first on minor cases, have gradually worked up to the point where they are qualified by their results, by which all men must at last be judged, to call themselves surgeons. The magnates of the "surgical trust" abuse them, and call them "tyros" and "occasional surgeons" but the patients whom they continue to operate on and cure think otherwise. These men work in private sanatoriums, or in such hospitals as open their doors to them under proper supervision. I am personally acquainted with a number of such men and speak advisedly, from a knowledge of their work, and being myself a hospital sur-

geon I can hardly be accused of undue bias in their favor. I have particularly been impressed by the unremitting after-care these men give their cases, whereas surgeons with large hospital clinics are apt to leave this detail, frequently, as important as the operation itself, to young house doctors.

The "occasional surgeon" has no charity work, having no ward service; his cases are all private, pay cases. The regular hospital surgeon does much, sometimes most, of his operating gratis. The regular hospital man thus naturally tends to feel that the "occasional" operator is robbing him of his just due, his right return for the charity work he does, he becomes biased, as we all are more or less in this wretched muddle, and condemns an honest colleague whose only fault was that he would not sacrifice his surgical ambition because a "system" stood in his path. There may be some "free lance" operators who undertake work for which they are not qualified, but they must be few and far between. On the other hand there are hospital surgeons who, when pressed for a time, have no scruples about handing over the unfinished end of a large clinic to a young interne, and hurrying away, perhaps to read a paper before a medical society on "Who Should Be Allowed to do Surgery" or some similar topic.

And so, between the deserved success of the "free lance" operator, and the Black Hand tactics of the grafter, who, if refused tribute, goes to a less honorable surgeon, the regular hospital man sees prestige and income slipping away. Is it not worth his while, instead of crying for legislation to restrict surgery to a monopoly or to penalize fee-splitting, to make some effort to close the ever-widening breach between the specialist and the general practitioner? Would it not be to their professional and financial advantage to work more in harmony?

Fee-splitting, so far as it is done secretly, is an evil, but it has its birth in another evil. The family physician who diagnoses a case of appendicitis, for example, receives the ordinary price of a visit, generally one or two dollars, sometimes a little more for discovering that an operation is required. He ought to be well paid for this, the surgeons say he ought to charge a proper fee for making the diagnosis, but if he does the patient will not pay it. The public are not educated up to that, and will not pay for a long time. The only alternative is the joint fee. The surgeon, who has the prestige of a specialist and a stranger, and whose word will be taken as law, should say: "My bill for this case will include, besides my charge for operating, a fee which I shall pay your family physician, whom I consider my associate in this case. He has already diagnosed or helped me to diagnose the case. I wish him to be at the operation as an adviser, or an assistant. After the operation I shall either resign the care of the case to him or have him in intimate association with me, as during convalesenve emergencies may arise in which medical skill is more needed than surgical."

The patient may ask how the fee is to be divided, he should of course be told if he does. There is no graft in this. It is loyalty on the part of the surgeon to his medical colleague, the surgeon adding enough to his own proper fee to secure for the physician what the latter has honestly earned, but cannot collect. It would be a poor physician who could not earn his part of the joint fee, and a bad surgeon who would not increase his patient's chance of recovery by utilizing medical advice and that other factor, so powerful with most patients, the cheering and sustaining presence of the family doctor as an actual attendant on the case.

CHARLES L. DEMERITT.

NOT GUILTY OF MALPRACTICE.

Dr. N. L. Wilson Acquitted in Damage Suit.

From the Elizabeth Daily Journal.

Judge Vail completed his charge to the jury before which the $25,000 damage suit against Dr. Norton L. Wilson was tried in the Circuit Court at 3 o'clock yesterday afternoon. At 10 o'clock last night the jurors returned, announcing that they had agreed on a verdict in favor of the defendant, which means that Dr. Wilson is exonorated from the charge of negligence in his operation on and his treatment of Clarence E. Coleman, for whose death his widow, Mrs. Katherine Coleman, brought the suit.

Dr. Wilson's evidence was completed early yesterday afternoon and in rebuttal Ralph Lum, conducting the case for Mrs. Coleman, recalled her and Dr. Henry L. Pyfer, the specialist who testified for the plaintiff Monday afternoon. The lawyer desired to refute testimony adduced that the cotton packing complained of and alleged to have been left negligently in Mr. Coleman's nose was located at the base of the nasal cavity instead of higher up in the organ.

Judge Vail sustained objections made by former Governor Foster M. Voorhees, counsel for Dr. Wilson, that any evidence regarding the location of the absorbent dressing in the incision should have been located on direct examination and therefore was not proper rebuttal. The court grew somewhat impatient at Mr Lum's insistance and sharply ordered him, after he had asked the same question in different forms several times, to follow the rules o evidence.

Dr. Stephen J. Keefe was the last witness fo Dr. Wilson, and testified as to the skilfulness o the operations Dr. Wilson performed on th deceased and the efficiency of the treatmen following, saying that it was the same as use by competent practitioners in cases where th circumstances and symptoms were the same a those disclosed by Mr. Coleman. In the opin ion of those who followed the trial the evidenc was corroborative of that offered by Dr. Cor nelius G. Coakley, a Bellevue Hospital special ist on diseases of the nose and throat, who wa called in consultation with Dr. Wilson.

During the rigid cross-examination to whic Dr. Wilson was subjected for several hours n contradictory evidence to that offered on di rect examination developed. In fact, he mad a good witness for himself.

The action was brought by the widow of th decedent on the ground that Dr. Wilson's treat ment of Mr. Coleman following the operatio on his nose to remove a malignant growth, wa alleged to have been negligent in that gauz packing was allowed to remain in the incisio five days. It was averred that this caused th

confined secretions to breed germs which penetrated to the brain and developed cerebro-spinal meningitis, with fatal result. The operation was performed September 15, 1910, and the patient died October 3, following. The testimony of the experts and specialists was to the effect that such a thing was not possible and that meningitis, if caused, as alleged, would have developed within forty-eight hours.

LAW FOR THE COLLECTION OF STATISTICS REGARDING MENTAL DEFICIENCY AND EPILEPSY.

Enacted by the Legislature in 1912.

An act for the collection of statistics regarding mental deficiency and epilepsy in this state in order that persons so afflicted may be identified and committed to the proper institutions or their care and treatment properly supervised.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. Every physician shall report each case of mental deficiency or epilepsy to the assessor of the township in which such case may be; if such case be within the limits of the jurisdiction of any local board of health other than the local board of health of any township, then such physician shall report such case to the secretary of the local board of health having jurisdiction over the territory within which such case may be if such board has a secretary; if such board has no secretary, then to the clerk of such board; provided, however, that any local board of health may designate some officer of such board, other than the clerk, secretary or township assessor, to receive such reports, in which case all such reports shall be made to such officer; such reports shall be in writing, signed by such physician and shall set forth the name, age and precise location of the person mentally deficient or having epilepsy.

2. Every medical inspector of schools who has reason to believe that any person receiving instruction in the school under his or her supervision is affected as above mentioned, shall report the case in writing to the same person and in the same manner as any physician attending such person affected would be required to do as hereinabove set forth.

3. On the thirtieth day of June and the thirty-first day of December in each and every year every physician or medical inspector making any report or reports as in this section required, shall receive from the local board of health, to the designated officer of which board such report or reports shall have been made during the preceding six months a certificate in writing, setting forth the number of names of persons reported to have been affected with the hereinabove specifically named defects, which certificate, when presented by such physician or medical inspector to the proper disbursing officer of the city, borough, town or township in which such affected persons may have been resident, shall entitle such physician or medical inspector to receive from such disbursing officer the sum of ten cents for each and every name by such certificate certified to have been reported, unless such notifications shall be found to have been erroneous, and any physician or medical inspector of schools who shall fail to perform the above mentioned du y at the time and in the manner above provided shall be liable to a penalty of fifty dollars for each failure.

4. The facts contained in every report filed pursuant to the provisions of the first section of this act shall be entered by the officer to whom the same shall be delivered in a book kept exclusively for that purpose, which book shall be subject to the inspection of the local board of health and its proper officers, and to the State Board of Health and its officers only; the officer to whom such report shall be delivered, and whose duty it is to make record of the same, as in this section above set forth, shall also, at least once a month, transmit in duplicate the facts stated therein by mail to the secretary of the board of health of the State of New Jersey, and shall, upon repuest by the said State Board of Health, or any of its officers, give full information regarding any case. Any officer whose duty it is to make any report to said State Board of Health or the Secretary thereof, as in this section above provided, and who fails to perform such duty at the time and in the manner above provided, shall be liable to a penalty of fifty dollars for each and every such failure of duty. Proof that the secretary of said State Board of Health has not received the report of such facts of such information from any such officer shall be prima facie evidence that such facts and information have not been transmitted to said secretary by such officer. Every officer whose duty it is to receive the reports mentioned in section one of this act shall, during the month of October in each year, upon presentation of a certificate signed by the secretary of the State Board of Health stating the whole number of such cases reported as aforesaid from each municipality or township by such officer to the State Board of Health during the preceding year, be entitled to receive from the proper disbursing officer of the township, city, borough, town or local municipal government within the limits of which the affliction so reported occurred, the sum of ten cents for each case reported, as aforesaid, to the secretary of the State Board of Health, provided, however, that such officer shall not be entitled to any payment for or on account of any such case unless report of such case was received by the secretary of the said State Board of Health within ten days after the date such said case was reported to the officer transmitting the same, and no such case shall be included in such certificate unless so received. Such certificates shall be sent to the officers above mentioned during the month of October of each year.

5. The duplicate report mentioned in section four shall be transmitted by the secretary of the Board of Health of the State of New Jersey at least once a moth to the Commissioner of Charities and Corrections. Every person afflicted with the aforementioned defects, or either of them, shall be deemed to be under the guardianship of the Commissioner of Charities and Corrections, who may make legal commitments of such persons to the proper institutions of this State, when in his judgment such commitment is necessary, or in lieu thereof supervise the care and treatment of such persons.

Guardianship under this act shall be construed to mean the supervision of the Commissioner of Charities and Corrections over such afflicted within this act, when the same are being maintained at their homes or under private

maintenance, and shall be exercised for the purpose of enforcing proper care and discipline over such afflicted persons.

Advice upon any questionable or extreme cases or any other information necessary to make proper diagnosis shall be given by specialists who will act for the Department of Charities and Corrections in the interest of the welfare of the State and its deficients.

6. All acts and parts of acts inconsistent herewith are hereby repealed, and this act shall take effect immediately.

Editorials from Medical Journals

Suicidal Contract Practice.

From the California State Journal of Medicine, January, 1913.

It is a shame that the illuminating disclosures that are being made in England in the course of the discussion of the National Insurance Act and the refusal of the members of the British Medical Association to serve the government under it, cannot be brought to the thoughtful attention of every physician in this country. The medical profession of this country has not yet reached the stage of degradation that has been achieved in England, but it is rapidly on the way, and will reach it unless physicians awake to the fact that "dollar-a-month" companies and lodges giving free medical service to their members are merely exploiting the physician for the layman's gain. Mr. Lloyd-George, in a recent speech in Parliament "thought he could safely say that contract practice in all forms provided for more than half the working population" of England! Just imagine over half the working population of this country getting its medical service at the rate of about ten cents per visit! Nearly all the "clubs" or "societies" as these contract companies or organizations are called in England, were organized and are owned by lay people who reap the profits and pay the doctor as little as they possibly can. In certain sections of England there are practically no people who are not in some club or society and thus there are not private patients for the physician. Mr. Lloyd-George intimates very plainly that the government is seriously considering a State medical department to do the work under the Insurance Act, as the members of the British Medical Association refuse to do it. English ideas of the value of medical service must be startingly peculiar if one may believe the statement made by Mr. Lloyd-George that "6d. (12 cents) should be set aside for paying the general practitioner for all the work he did in reference to the treatment of tuberculosis" and that "he had no doubt at all that 6d was more than adequate"!

The Profession and Business of Medicine.

(From the Delaware State Medical Journal.)

The practice of medicine is properly classed as a "calling," implying by this term a natural aptness and devotion on the part of a devotee which are not essential in the ordinary commercial pursuits. The very nature of this "calling" exacts such abnegation and humanitarianism as to make any sordid calculations painfully out of place. This profession shares with no other the responsibilities which cannot and do not have a purely commercial value. Nevertheless, the men who practice this profession must look upon it as the sole means of support, and they must see to it that it yields an adequate remuneration for services rendered. The physician occupies a certain social position, and his income should enable him to live according to the standard generally adopted by people of a similar social standing. If he has children, they should receive proper education and be fitted for life, and he should in addition carry enough insurance to provide for the family in case of untimely death. Furthermore, whether single or married, he should have enough laid aside for illness and old age. These are the minimum demands, and if the doctor's income is not sufficient to satisfy them, then his practice does not pay.

In the vast majority of cases the practice of medicine does not pay.

(Two interesting tables follow, giving results of investigations made, the first showing the incomes of 13 Wilmington physicians, the other of 18 rural physicians which seem to verify the statement in the last paragraph above. One replied, "Have to have a side line or starve;" another replied, "I could not live if I did not have other reserve to call on, such as a farm, etc."—Editor.)

The Delaware State Medical Journal editor argues:

1. That the average income of the doctors is not commensurate with the time and energy devoted to their calling.

2. That the doctors render gratuitous services far in excess of those rendered by any other profession.

3. That the doctors, more than any other professional men, suffer from non-payment of their bills.

4. That it is to the interests of the community to enable the doctors to live and provide for their families.

5. That the poorer the doctor the poorer his services, and it is the doctor who charges enough for his services, that is able to devote time to study, research and to his patients, and thus become the greater value to the people.

Broadening Influence of Medical Societies.

From the Interstate Medical Journal, St. Louis, February, 1912.

That a medical society need not necessarily limit itself altogether to the reading, and discussion of papers that are purely medical, with no thought of the manifold interests outside medicine, has for some years been the thought of the choice spirits in our organizations; but such has been the adherence to the beaten path that small progress has hitherto been made in bringing to the notice of medical men the importance of widening the field, so that the inclusion of socio-medical subjects might be possible. That the old order is changing is evidenced in more than one society to-day, with the result that a closer and closer juxtaposition with the spirit of the times is being effected. We may scoff at this tendency; we may say that a medical society was never intended for such purposes; but all our scoffing and all our unfriendly criticism will eventually make us shamefaced, for if we have the power to see clearly what can be seen by anyone with

ordinary vision, our judgment must be greatly amiss if it fails to read progress, enlightenment and instruction in what is being done to-day by the advance-guard of our medical societies.

We do not know the weekly programs of all the leading medical societies in this country, for to follow them would certainly entail herculean effort. But if any society has a more liberal program than the St. Louis Medical Society, knowledge thereof has not come within our ken. To our way of thinking the year 1911-1912 will be red-lettered in its history, what with its open-door policy and the catholicity of the papers read. A mere glance at what the near future holds for its members conveys at once the idea that all tastes have been consulted, and all narrow-mindedness has been abolished. Not only have all members been placed on an equal basis, as regards opportunities to read papers and present pathological specimens, but non-medical men have been asked and have willingly accepted to enter this medical arena to discuss subjects which are germane to the science of medicine as interpreted to-day.

The fruits of all medical societies, the doors of which are open to educators and men of science whose work is interrelated with medicine, will be those of wisdom, for by this sort of alliance a broadening of the medical mind will obtain, and certain matters which have long been misinterpreted by the lay mind will receive the right impetus toward a correct solution. That the science of medicine, by reason of its ramifications, is to-day more of a social science than it was a decade ago is apparent to all of us; but what is not so apparent is the importance of a medical interpretation of the majority of the social problems in which the lay world is deeply interested. This interpretation, to be effective, must be brought home to the lay mind in language that does not bristle with medical technicalities, for only then will clarity come out of chaos. But what is still a better point, in the rapprochement which we are advocating, is the fact that by the open-door policy members of medical societies, no matter how deeply engrossed they may be in their studies, will learn that they have received a "call" to assist in the clearing away of debris from matters which really concern them.

The Potency of Environment.

From "The Publisher's View-Point," Monthly Cycopedia and Medical Bulletin.

When the producer ceases to produce and, like the thrifty squirrel, falls back upon an ample hoard with no fear of want, then is the time when introspection searches out the lurking symptoms, and unless the mental poise is well-nigh perfect succeeds in magnifying them to colossal proportions, and in many instances a condition follows which, by contrast, makes the situation of the day laborer, but a scant distance removed from actual want, seem much more desirable.

Hence the aphorism that it is better to wear out than rust out.

There is now and then a doctor who possesses actual genius for the suggestion of suitable occupations and diversions for those who find the stress of active business too taxing, but must earn something, and especially those who by early industry or good fortune have ample to provide for all needs. A suggestion given on the impulse of the moment by the busy doctor and forgotten by the same busy doctor five minutes later may be bearing fruit ten years later and have secured for that doctor thousands of dollars in practice. Nothing is appreciated more by the average patient than practical recognition of the important question of ocupation and environment.

As the successful parish clergyman is usually measured by personal qualities rather than oratorical gifts, so is the family doctor often valued more by his words of counsel than by his pellets. It is not a desirable thing for most people who have passed the meridian of life to be continually seeking a change of environment even if possessed of the financial means to accomplish it; hence the great opportunity for the family doctor in suggesting novel changes in the home environment. The possession of such a faculty can usually spell success even in a poor neighborhood.

Editorials from the Lay Press.

A Wise Health Board.

From the Newark Evening News, Jan. 9th.

In these days when it is held so often that even the watchman of a steam roller must be of the prevailing political faith of a municipal body, the organization of the Orange Board of Health is refreshing. For the first time in ten years, this board has a Democratic majority. The opportunity was afforded for displacing a stenographer and a sanitary inspector. The Orange Common Council might perhaps have devoted two or three caucuses and as many council sessions to deciding whether the First Ward or the Fourth Ward should land these places for the faithful. But the Health Board was wiser. It preferred experience and efficiency to change and it not only reappointed the men but it gave them two-year terms instead of one year.

It is to be hoped that two years hence when the terms of these and all the other employes expire, the then Health Board will not depart from the spirit of civil service of which the present action is a fine example.

The present board evidently believes that conserving health and sanitation in Orange is of paramount importance to petty politics. So long as it holds to this view it will continue to be, as its new president stated, one of the best and most progressive boards in New Jersey.

High Cost of Education.

From the Camden Courier, Jan. 8th.

The high cost of education is beginning to attract attention and none too soon, for the progress in expenditures is evidently more pronounced than the revenue of instruction. The State Board of Education has ordered an inquiry into whether or not there has been extravagance in the public schools of the State since the passage in 1906 of the law turning over to the schools annually several millions of dollars. The inquiry is with a view to comparing the net cost per capita of the schools in 1905 with that of 1912, and to show what the schools in the State have received for the increased cost. It is the expressed opinion of State Commissioner Kendall that the high cost

of living had had its effect in increasing the cost of the schools, though the basis for his opinion is not stated. The Russell Sage Foundation has been making a comparative study of public school systems, and finds New Jersey is among the States having the largest percentage of children who attend no school. It is surprising to learn that 129,495 children of school age, or 20.8 per cent. of the whole number in the State attend no school. The total public school enrollment is 429,797, while that of private schools is 65,000, in all 494,797. As for the non-attendant children, New Jersey ranks in that respect twenty-sixth among the States, while it ranks seventh in the cost of schools, with an expenditure of $17,372,457 in 1910. The inquiry started by the State Board is timely, and it is hoped it will be accurate and satisfactory.

War on Tuberculosis in Germany.

From the State Gazette, Trenton.

Germany's war on tuberculosis is, in the opinion of our department of commerce and labor, entitled to the admiration of the entire civilized world as the first and most successful of its kind. From an average of twenty-three deaths per 10,000 of population from this cause in the quinquennium 1895 to 1899, the rate was reduced to twenty-one during the following five-year period, and to 18.45 during the one ending with 1909. The expenditures on account of tuberculosis wage earners have gone up steadily. Commencing with an annual amount of $240,000 in 1897, the figure rose to $1,400,000 in 1902 and to nearly $4,000,000 in 1909. The economic results of institutional treatment are carefully followed by means of a special inquiry for a period of five years subsequent to the patient's discharge. By "economic results" is meant restored wage earning capacity to the extent of at least one-third of what it was originally. These results are somewhat better in the case of women than of men. The improvement in these results is measured by the advance from sixty-eight per cent. of patients discharged with their earning capacity ,in its legal sense) restored in 1897, to eighty-three per cent. so discharged in 1909. The whole story, in its general tenor and in its particulars, is a tale of the swift triumph of applied science to a field that preceding generations had not thought of entering.

Doctors and Insurance.

Extracts from an editorial in the Bayonne Evening Times, January 9th:

During the last few weeks the members of the profession have been polled on the question of service under the British National Insurance Act, and they have voted about five to one against accepting the terms of service offered by the government. A two-thirds' majority would have been sufficient to bind the entire British Medical Association against serving. As for the physicians outside of that association, they have also in about the same ratio voted against the terms of the act.

The objections offered by the physicians are not merely sordid, but are at least ostensibly based upon high grounds of professional welfare and ethics. One is that the statutory body which controls both the education and the ethics of the profession was not at all consulted about the act or the demands which were to be made upon the members of the profession under it. A second is that the great universities and corporations which grant professional degrees in medicine were not consulted. A third is that the governing bodies of the British Medical Association and other organizations were not consulted. And the complaint is not that these various bodies were slighted or treated with discourtesy, but that political legislation for a learned profession in which the authorities of that profession are not consulted is likely to impair the standards of education and the general tone of professional life and work. It is, in brief, much like the objection which is vigorously raised in this country to the injection of politics into our public school work. There are, of course, many physicians of high standing who approve the terms of the insurance act and who will serve under it. Not a few have refused to be bound by the majority vote of the British Medical Association.

Therapeutic Notes.

Bronchitis—Chronic - Inhalations In.

Dr. M. Hirtz, in his "Therapeutics of Respiratory Diseases," recommends the following as a useful remedy in cases of chronic bronchitis:

℞ Beechwood Creosote, 25 grams.
Tincture of Benzoin, 20 grams.
Eucalyptol, 10 grams.
Thymol, 20 grams.
Gomenol, 20 grams.
Alcohol, 200 grams.

Two tablespoonfuls of this mixture are to be added to one quart of water which is kept boiling from time to time.

Cystitis—Acute.

Thoraton (Paris medical) is credited with the following formulas for use in chronic cystitis:

℞ Acidi benzoici Gm. 2.
Glycerini, Gm. 5.
Acaciæ, Gm. 8.
Syrupi, Gm. 30.
Aquæ destillatæ, Gm. 120.

M. et ft. solutio. Sig.: The whole of this is to be taken within two days in tablespoonful doses.

℞ Quininæ sulphatis, Gm. 1.
Aquæ destillatæ, Gm. 300.

M. et ft. solutio. Sig.: This is to be used as a bladder injection. One-third of it is to be used at a time, preceded by an injection of 100 Gm. of tepid water.—N. Y. Med. Journal.

Epilepsy Treated With Crotalin.

Dr. R. H. Spangler, in a paper read at the Penn. State Med. Society, says: "I have studied eighteen cases of epilepsy during a period of six months in each case. I was able to determine (1) that the symptoms of epilepsy are closely related to certain changes in the composition of the blood; (2) that it is possible to influence the composition of the blood through the hypodermic administration of crotalin solution; (3) that we possess in crotalin a therapeu-

ic means that can influence advantageously the altered condition in the blood of epileptics.

Dr. H. Lowenburg said: "The use of crotalin is not without danger. I had several abscesses occur. A week or so after the injection a hard node would appear, which would be followed by softening; incision would reveal a subcutaneous slough. In one case I feel sure that the patient died as the result of the use of crotalin. Dr. Spangler replied that he had but one abscess occur in some thousands of injections.

Herpes Gestationis Treatment.

Drs. P. Rudaux, A. Grosse, and V. le Lorier outline the following treatment of this form of gestational autotoxemia (1) Rest in bed. (2) Absolute milk diet. (3) The use of laxatives daily, or of purgatives every three days with saline enemata on the intervening days. (4) A warm starch bath lasting one-half hour every day or every other day. (5) The use twice a day of the following lotion:

℞ Chloral hydrate, 10 grams,
Distilled water, 1000 c. c.

After this, the application to the itching parts of a powder, made up as follows:

℞ Salicylic acid, 1 gram.
Powdered starch,
Powdered talc, of each, 50 grams.
Zinc oxide, 10 grams.

If the itching is intolerable, it may be necessary to administer chloral hydrate internally. In case the stomach does not tolerate the drug, it should be given per rectum in doses as high as 2 grams, dissolved in boiled water or milk.—"Therapeutique Obstetricale."

Jaundice Catarrhal.

Dr. Pierre Lereboullet, in Paris Medicale, September 14th, places hygiene and diet first in his recommendations as to treatment, ordering the patient to bed and putting him on milk diet. Intestinal poisoning is thus combated. About three quarts of skim milk daily are prescribed, but kefir or yaourt may be substituted. Full diet is resumed very gradually, eggs being cautiously added and only the white meats used at first. Grapes are thought to be a powerful hepatic stimulant, and lemon juice has its partisans. Plenty of water is given to help diuresis; this is important, and mild mineral waters may be used. Cold enemata, twice a day, are advised. Benzonaphthol and salacetol are given to combat the intestinal sepsis; a calomel purge follows at the end of the first week, then opotherapy by means of half a dozen daily capsules of bile. Pills of extract of liver are sometimes substituted. At the end of the third or fourth week, urotropin and sodium salicylate are indicated. If the liver remains enlarged the patient is ordered to one of the mineral spring resorts, or a powder may be given of sodium bicarbonate, eight grammes, sodium phosphate, four grammes, dry sodium sulphate, two grammes, dissolved in a quart of hot water and taken three times daily one hour before meals. Remember that jaundice is often a sign of infection. If it persists, repeated calomel purges are given, the bile opotherapy is continued, also the cold enemata. As to secondary symptoms, itchiness of the skin is best combated by very hot lotions containing alcohol or vinegar or dilute carbolic acid, or by zinc oxide ointment containing a small proportion of menthol. Hemorrhage is met with calcium chloride and the opotherapy already mentioned. Prognosis should always be guarded, although the majority of cases terminate favorably.

Rheumatism—Acute.

℞ Methylis salicylatis, ʒij.
Guaiacolis, ℥j.
Oleati veratrinæ, ʒj.
Lin. camphoræ, ʒiv.
Lin. bellaonnæ, ℥j.

M. Sig.: Rub in well and cover with cotton and oiled silk.

℞ Olei gaultheriæ,
Olei olivæ,
Lin. saponis,
Tr. aconiti,
Tr. opii, of each, ʒij.

M. et ft. linimentum.

Sig.: Apply freely and cover with cotton.—Merck's Archives.

Rheumatoid Arthritis, Relation of Gastric Secretion To.

In the 10 cases of rheumatoid arthritis examined by the authors, no demonstrable gastric lesions were discovered; yet, the results obtained appeared to indicate a pathological condition of the stomach. An examination of the gastric secretions in these cases showed: (1) a diminution in the amount of free hydrochloric acid, and also of the total hydrochloric acid; (2) an excess of mineral chlorides, pointing to a process of neutralization, and (3) a comparatively low ratio between the total hydrochloric acid and the mineral chlorides.

The line of treatment adopted in these cases was to remedy the defect in the gastric secretions, and so far the results have been encouraging. The following formula was employed:

℞ Ac. hydroch, dil., m v,
Glyceriti pepsini, m xx,
Ol. caryophylli, m j,
Tr. quillajæ, m xx,
Aq. anisi, q. s. ad f℥ss,

M. Sig.: To be taken three times daily.

A. S. Woodward and R. L. Mackenzie Wallis (Lancet, October 5, 1912).

Senility and Its Management.

Dr. McCorkle, in the Therapeutic Gazette, October 15, reminds us that many old people sleep more than we think they do. The want of sleep in the decadent is a menace to comfort, well-being, and life. Pure air is a tonic to the aged, but the bed should be warm. A little alcohol in the form of hot toddy is a fine hypnotic for the aged, and it is sometimes well to add to it a small quantity of chloral amide.

The senile heart calls for the most watchful care. It is usually accompanied with sclerosed arteries but not always with high tension. Digitalis is the drug par excellence, in the form of a tincture free from fat for such cases, but in small doses once a day, combined with potassium iodide or crythrol ternitrate. Opium in small doses is also a solace and comfort for the aged and infirm. When given in such dos-

es it is both a heart tonic and a gentle cerebral stimulant. The best results are obtained when it is given in the form of the gum. More and more the aged are receiving attention which will promote their comfort and their hopefulness. It is high time that this should be so.

Vomiting—Post-Anesthetic.

Drs. E. Chauvin and N. Aeconomos, in La Press Medicale, say that the administration of the following portion serves to prevent the onset of post-anesthetic vomiting:

℞ Glucose, 150 grams.
Tincture of nux vomica, 0.50 c.c.
Tincture of canella, 3 c.c.
Water, sufficient to make 300 c.c.

Sleeplessness—Treatment Of.

Dr. E. Meyer, in Deutsche med. Woch., Berlin, reiterates that the main thing in treatment of insomnia is to discover and remedy the cause. Sleeplessness as an isolated disturbance without other morbid phenomena is extremely rare; it is most liable to occur as the last trace of some sickness, especially after the patient has otherwise entirely recovered from influenza. It may occur likewise periodically as a kind of equivalent for a psychosis. But under other conditions the insomnia is always the consequence of other disturbance or merely one symptom of something wrong; overfatigue and emotional stress may interfere with sleep even in apparently normal children. The hygiene of sleep with all its apparent trifles and means to take the patient's mind off the train of thought of the day may accomplsh wonders.

Small-Pox—Tincture of Iodin In.

Dr. A. G Newell, in Indian Med. Gazette, Calcutta, uses iodin in small-pox on the forehead, chin, neck and the back of the hands. Using it early in confluent cases he found that it materially affected the development of the pocks and prevented the "pitting" which is so horrible a result in confluent cases. Newell use the ordinary B. P. tincture of iodin and so far has limited its use to the above-mentioned parts. The application can be applied two or three times a day for a few days only and then totally discarded. The colored scabs and epithelium all come away and, in patients treated early, leave no trace of a scar even in severe confluent cases.

Sodium Iodide Injections—Subcutaneous.

Dr. M. J. L. Champion, in La Presse Medicale, states that a small dose of sodium iodide injected into the cellular or muscular tissue is quickly absorbed and does not cause any pain. It produces certain interesting therapeutic effects, acting both as a sedative and as an antispasmodic. The author injects 0.02 gram of the drug dissolved in 2 c.c. of water, sterilization being effected by heat. The salt used should be pure and desiccated; the crystalline salt is apt to irritate. Good results have followed the local use of this drug in intercostal neuralgia, sciatica, lumbago, headaches, the pleurodynia of pneumonia, the pain associated with abscess formation, and in iritis and phlebitis. The administration of this drug is indicated as a primary measure in rheumatism. The author has also demonstrated its value in vertigo, in various forms of dyspnea, in edema of the lun and in angina pectoris. The action of th drug in all of these cases either is immedia or may be delayed for several hours. Sodiu iodide is a vasodilator and to this must be a tributed its analgesic and antispasmodic action

Treatment of Diseases of the Upper Air Passages.

Complete rest, with the use of whisperec word method, combined with inhalation of th following mixture Stivers has found of use i cases of chorditis nodosa or singer's nodes.

℞ Tincturæ benzoini compositæ, ℥j,
Olei pini, gr. xv,
Mentholis, ʒss,
Camphoræ, gr. xv.

Sig.: Add teaspoonful to one pint boilin water and inhale, t. i. d.

He emphasizes that singers do not stand se vere measures well. The utmost gentlenes should be used. Never use violent or harsl methods of examination or treatment. In ap plying remedies always use a tightly wound cot ton applicator, the excess of liquod wroung ou so that by no mischance could any escape int the larynx. In treating the nose, examine th size of the meatus inferior, and to treat th pharynx through the nose use that size of cot ton wound applicator that will go in and ou without unduly irritating the turbinates an septum.

Common Cause of Cough.

Dr. P. Hicks, in the Practitioner, London, refers to the condition of a dry pleurisy, affecting the layers of the pleura over the upper posterior surface of the lungs.: Physically, the sign to be detected is a dry creaking, most common over the outer areas of the scapular regions, and elicited most easily in deep breathing. The extent and loudness of the friction naturally vary considerably; at times it exactly reproduces the creaking of leather; it never has the features of a soft friction rub; it is very rare over the extreme apices of the lungs. Its disappearance may be traced concurrently with the subsidence of the symptoms it produces. It is extremely apt to recur in successive seasons. Clinically, cough of this type is generally paroxysmal in character; the attacks are apt to be prolonged and exhausting; they give the impression of an "irritation" cough. The patient often wakes up in the night and coughs unceasingly for a long time, perhaps for two or three hours, before relief arrives; at times the paroxysms are quite uncontrollable, and they may even result in vomiting. In some cases the paroxysmal character is less marked, and the coughing is a more or less incessant dry "hack"; occasionally it is very noisy; it may be "barking," in some cases it is almost brassy in character. This latter condition is, perhaps, most common in boys. Rarely, there is even a suggestion of whooping about the paroxysms. Expectoration is generally absent or very trivial; a severe paroxysm generally ends with the production of a little glairy mucus. Pain is generally absent, though some patients, especially in the more acute forms, are apt to

omplain of "rheumatism" about the shoulders. 'yrexia, slight in degree, is present only in cute cases; as a rule the temperature is quite naffected.

This form of cough often supervenes on a ommon cold, and lasts for a long time. In ractically every case the patient complains of tickling in the throat, or behind the upper ection of the sternum. Where the distress is cute enough to demand it, Hicks says nothng achieves benefit so quickly as a few poulces applied over the shoulders. The first aplication should contain a rather strong proporon of mustard, this being followed by ordiary linseed; speedy relief will invariably folow; and the nocturnal paroxysms may be oftn cut short in this way. In more chronic cas-s, friction over the affected areas with any trong liniment, or with capsolin, or with iodex, pplied night and morning, is a suitable methd of treatment. In dealing with delicate inividuals, Hicks often orders to be worn for few weeks over the shoulders a carefully-fited pad of thermogene; this can be secured in osition by tapes carried from behind over each ide of the neck, which are met by and fasened to similar tapes coming up under the pposite axilla from the lower corners of the ad. For internal use, nothing gives such prompt relief as the following for an adult:

℞ Liquoris morphinæ acetatis, m 60,
Acidi acetici dil, m 20,
Syrupi tolutani, ʒiv,
Aquæ camphor camphoræ q. s., ad, ℥iv,
M. S. One-half ounce as needed.

A warm vaginal douche should be at least our quarts in amount and of a temperature of rom 110 to 120 degrees F., usually 115 degrees F. It is well to add a heaping tablespoonful of common salt to each two quarts of a simple douche. This should always be given at a time when the patient can remain in the recumbent position for at least an hour.—Amer. Medicine.

Hospitals; Epileptic Village.

Alexian Brothers' Hospital, Elizabeth.

The charity ball held in the Second Regiment Armory, Elizabeth, on the evening of January 15th, was very largely attended and resulted in raising a few thousand dollars to the hospital's funds.

Ancon Hospital—Canal Zone.

The Isthmian Canal Commission, has had in operation a hospital for more than eight years, which now has 1,500 beds and treats over 20,000 cases a year. There is in connection with it a large and well-equipped laboratory where excellent research work is being done.

Atlantic City Hospital.

At a meeting of the board of governors held Jan. 8, 1913, the following doctors were elected on the regular staff for one year: Drs. Senseman, Marshall, Taggart, Silvers Sharpe, Shimer, Chew, Barbash Conaway and Darnall. Associate physicians: Drs. Harvey, Stickney, Fish and B. G. Davis.

Camden City Dispensary.

During 1912, 1,663 patients were treated at the Camden City Dispensary and 2,518 visits were made. Prescriptions were compounded to the number of 12,662. During the year the following members of the staff rendered efficient service: Drs. W. H. Pratt, Hyman I. Goldstein, Howard F. Palm, Edward W. Rossell.

Cooper Hospital, Camden.

The annual report of this hospital shows: In wards, Jan. 1, 1912, 87; admitted during year, 2,675; total, 2,762. Discharged during the year, 2,688; remaining in wards, Jan. 1, 1913, 74. Outpatient Department: New cases, 9,934; re-visits, 22,717; total, 32,851.

Mountainside Hospital, Montclair.

Broadening the policy of the institution, the board of governors of the Mountainside Hospital, Montclair, announced last month, that the operating room and the private rooms of the hospital will be thrown open to the use of all licensed physicians in the communities which support the institution, including homeopaths.

Overlook Hospital, Summit.

This hospital has recently been incorporated. The incorporators are Dr. W. J. Lamson, Dr. Thos. P. Prout and Frederick T. Lawrence. The capital is $200,000 divided into 2,000 shares of $100 each. As an incorporated institution the hospital will have the right to establish free beds for patients.

Recent Hospital Gifts.

The A. M. A. Journal of Jan. 18th, reports over $3,300,000 given to various hospitals, sanatoria, research organization and other charitable institutions recently.

The reported gift of $2,000,000 to the New York Skin and Cancer Hospital, under the will of Miss Storrs, was an exaggeration, the hospital will not receive more than $50,000.

Orange Memorial Hospital, Overlook Hospital at Summit and the Memorial Hospital, at Morristown, will each receive $50,000 under the provisions of the will of the late ex-Mayor Smith Ely, of New York City.

New Jersey State Village for Epileptics.

The fifteenth annual report of the Managers and Superintendent, David F. Weeks, M. D., have recently been issued and from them we gather the following:

The appropriations made by the Legislature last year for Custodial building, cottage for patients, tuberculosis shack, mortuary and laboratory were found to be inadequate and their erection has therefore been postponed. Appropriations for those and for a bakery and an electric light plant should be made this year. Also is a building for tubercular patients is much needed. On October 31, 1911, there were 360 patients remaining under treatment, during the year there were 84 admissions; 20 were discharged; 2 were transferred to hospitals for the insane and 30 died. The total under treatment during the year was 444. Popu-

lation Oct. 31, 1912, was 392, a net increase of 32 patients. 13 cases of typhoid fever occurred, a few cases of pneumonia and tonsilitis, the typhoid fever cases resulted from a typhoid "carrier" all having occurred in one cottage where the assistant cook was believed to have been the "carrier." There were no fatalities among these 13 cases.

Great advance was made during the year in practical eugenics. Case histories were secured by the field method increased to 448. The data contains records of 26,422 persons connected with these pedigrees, 10,233 of whom are classified, of the latter 28 per cent. are normal, 9 per cent. epileptic, 5 per cent. feeble-minded, 2 per cent. insane, 7 per cent. alcoholic, 9 per cent. tubercular, 19 per cent. died before two years of age, 6 per cent. died between 2 and 4 years. In 33 per cent. of the cases studied there is a history of epilepsy in one or both sides of the family. In 53 per cent. there is a history of a neurotic taint or feeble-mindedness in one or both sides of the family. Several interesting tables are given.

State Hospital, Morris Plains.

The New York World last month made an investigation into the conditions existing in this institution and from the long account given in its January 12th issue, we extract the following:

The hospital is shockingly overcrowded and contains more than seven hundred patients in excess of the maximum number it was designed to house, or that can possibly be kept there with any regard for the laws of humanity, hygiene or science.

In many parts of the hospital the patients are herded together like sheep in a pen. In the men's wards, especially those for the violently insane, all the rooms contain more than twice the number of patients that can safely be placed in them. The corridors, into which the rooms open, are filled with cots placed so close together that for a distance of 800 feet it is literally possible to roll from one bed to another. * *

Although a hospital for the insane ought to have at the very least one nurse for eight patients, the New Jersey State Hospital has only 177 nurses for more than 2,300 inmates. There ought to be at least 287 nurses, or 110 more than there are. The reason why there are not more nurses is that there is no accommodation for them and that if they could be obtained there would be no place for them to sleep.

Although surgical operations of various kinds have constantly to be performed, there is no operating room worthy of the name. * * *

Hygienic conditions are sacrificed, proper classification of the patients is out of the question and the efforts of the doctors and nurses are to a very great extent nullified.

As an immediate result of these conditions the death rate has increased, and in the last hospital year no less than 199 cases ended fatally.

Many patients whose insanity is curable are deprived of their chance of recovery and they become permanent charges of the State for an average of about twenty years. Of the total number of cases received at least one-third ought to be restored to mental soundness under the best modern methods of treatment, but at Morris Plains the number is less than one-fifth—only 19.3)—and this very low percentag of recoveries is due entirely to overcrowdin * * * *

Dr. Britton D. Evans, the Medical Directo of the New Jersey State Hospital at Morr Plains, laid great stress upon the overcrowc ing of the institution in his recent report t Gov. Woodrow Wilson, and added a strong rec ommendation that the Legislature should ap point a commission to make immediate inquir and report upon what is necessary to reliev the serious situation he admitted exists.

In his annual report Dr. Britton D. Evan states:

"There are two important propositions whicl exhibit themselves prominently in the statis tics of this report: one is the overcrowded con dition of the institution which continues to in crease without substantial evidence of relief be ing promised; the other is the very low percentage of recoveries which is largely, if not entirely, due to the overcrowding, which interferes with classification, treatment and all of the more important factors which enter into and play a basic role in the proper care of the insane and the management of a large public hospital.

"At the close of the hospital year there were in the hospital 2,302 patients, 1,170 men and 1,132 women. This shows an increase of 92 during the year, which is the same increase in population as in the previous year. No added accommodations for this gain in the population of patients has in any way been made. There are nearly 650 more patients under care here now than the capacity of the building warrants. During the past year, 1,423 men and 1,349 women, 2,772 in all, have been under treatment, while in the thirty-six years since the opening of the hospital 11,097 patients have been admitted and received treatment.

"Five hundred and sixty-two patients were admitted during the year covered by this report, 292 men and 270 women. This is the largest number of admissions any year since the hospital opened, the rise year by year being a gradual but steady one."

"I am of the opinion that the only satisfactory solution of this important proposition which now so forcefully confronts the State, is to be found in the construction of a new institution in the southern part of the State and that a location should be selected where the soil is highly productive and not only calculated to provide employment for all such patients as are able to work, but it should be a soil of such character as will give bountiful returns when properly cultivated and thus reduce to the minimum the cost of maintenance, as well as offer a field for helpful employment which will operate as a potent therapeutic agent in restoring the sick to vigorous health."

Morris County Hospitals.

Penny Wise, Pound Foolish.

Economy of a sort that permits a county government to turn over to private charity its temporarily indigent sick, aside from being humiliating from the standpoint of the moral obligation of government, would seem to be wanting in economic sense. It is a shifting of the burden from the general tax levy, where it belongs, to the shoulders of volunteer con-

ributors, with no assurance that in time of reat necessity prompt medical attention will e available to the county's wealth-creating nits. The financial straits in which a hospi-al in Morris County—one of a good many ounties in the State where this dependence n private charity prevails—now finds itself, all public attention to this decidedly import-nt problem.

In the twenty-six months ending December , 1912, All Souls' Hospital, an unendowed in-titution supported entirely by voluntary offer-ngs, provided no fewer than 11,000 free hospi-al days to indigent residents of Morris Coun-y, toward whose maintenance the county con-ributed—exactly nothing! Morristown contrib-ted the greater part of these patients, and Dover was second in number. So far as any provisions in their budgets were concerned, Morristown and Dover were as blissfully ignor-nt of the pitiable dependence of their poor citizens upon that institution as was the Board of Freeholders of Morris County. With an ac-umulated deficit of approximately $7,500. All Souls' Hospital is in dire financial straits. Its management has been forced to pocket its par-ionable pride, and come hat in hand to the new Freeholder Board and ask that the coun-y make a flat daily allowance of $1 for those of its patients who are treated free. With Me-morial Hospital, which has an endowment, the case stands somewhat differently, but Memor-al Hospital has asked that if action be taken n the case of All Souls' the door be left open for it, too, to make and receive consideration of a similar request.

Counties that maintain no county hospitals are largely those somewhat loosely denominated as rural. The law is not, as it should be, man-datory upon counties to support, or at least to contribute to the support of their patients in the private institutions where they are treated free. But it does explicitly give that power to every county in the State that does not main-tain its own hospital to make such contribu-tions up to an amount not exceeding $22,000. To-day neither of these hospitals at Morris-town has, or can afford to have, an interne. Their staffs consist of volunteer physicians, who receive no compensation, and do their work for indigent patients from motives of profes-sional pride and love for fellow-man.

It is in cases like those of railroad accidents, that require immediate attention, that the grad-ual impoverishment of these noble institutions by putting an unfair burden on them beomes a crime. Were these and many other hospitals throughout the State properly reimbursed for their expenditures, it would be possible for them to maintain staff physicians on hand all the time. As it is, the victim of a serious ac-cident is likely to be taken to one of them, and then subjected to a wait of problematical length until one of the hospital physicians can be summoned. This is not as it should be; this is not as the hospitals would have it be; but it is as it must be until such times as coun-ty boards of freeholders shall realize that to safeguard the citizens by contributions to pri-vate hospitals is as much a privilege as it is a clear duty.—Newark Evening News, Jan. 22.

A wise physician is more than armies to the public weal.—Pope.

Marriages.

ORTON—BENSON.—At Morristown, N. J., January 1, 1913, Dr. Henry Boylan Orton, of East Orange, to Miss Laura Douglass Benson, of Morristown.

STEVENS—POWERS.—In North Plainfield, N. J., January, 1913, Dr. Raymond S. Stevens, of North Plainfield, to Miss Marion Whitmore Powers, of Phoenixville, Pa.

Deaths.

PETRIE.—At Phillipsburg, N. J., January 23, 1913, Dr. James Alexander Petrie, aged 69 years. Dr. Petrie graduated in medicine from the University of Penn. Medical Department in 1866, was a post-graduate of Kings College, London; was a former surgeon in the United States Navy; surgeon on the staff of Gov. Marcus L. Ward. He retired from active practice twenty-five years ago.

BAYLES.—At Orange, N. J., January 10, 1913, Mrs. Catharine Sequine Bayles, widow of Dr. George Bayles, of Orange, from an attack of apoplexy, aged 72 years. For many years she was a member of the board of governors of the Orange Memorial Hospital.

HENRY.—At Flemington, N. J., January 16, 1913, Mrs. Bertha May, wife of Dr. George Henry, of Flemington, of chronic nephritis.

Personal Notes.

Dr. Augustus L. L. Baker, Dover, has been elected by the City Council, town physician.

Dr. Henry H. Brinkerhoff, Jersey City, has been re-elected president of the local Board of Health.

Dr. James S. Brown, Montclair, has a paper in the Medical Record, January 4th on "Conservative Treatment of Tuberculous Glands of the Neck."

Dr. G. Wyckoff Cummins, Belvidere, was elected town physician by the City Council last month.

Dr. Henry H. Davis, Camden, has been re-elected president of the Camden Board of Health.

Dr. Gordon K. Dickinson, Jersey City, discussed Dr. McGlannan's paper on Intestinal Obstruction, at the meeting of the Southern Surgical and Gynecological Association, at Old Point Comfort, Va., in December.

Dr. Thomas H. Flynn, Somerville, has been appointed a member of the local Board of Health for a three years' term.

Dr. Thomas H. Andress, Sparta, celebrated his seventy-second birthday recently.

Dr. George E. King, Secaucus, has been re-appointed as County physician by the Hudson County Board of Freeholders.

Dr. William H. Lawrence, Jr., Summit, was recently re-elected president of the local Board of Health.

Dr. William H. Merrill, Somerville, was elected last month a trustee of the First Baptist Church.

Dr. Herbert E. Riddell, Branchville, was elected almshouse physician by the Sussex Board of Freeholders.

Dr. J. Boyd Risk, Summit, and family, have left for Bermuda where they will spend the balance of the winter.

Dr. Obadiah H. Sproul, Flemington, was elected one of the trustees of the Hunterdon County Historical Society on January 12th.

Dr. C. W. Budlong, Bedford, has been appointed physician of Middletown Township.

Dr. Walter Dodge, Orange, gave a lecture on "Tuberculosis" before the Essex Trades Council, January 10th.

Dr. James R. English, Irvington, was elected recently treasurer of Franklin Lodge No. 10, F. & A. M.

Dr. Marcus W. Newcombe, Brown-Mills-in-the-Pines, reports the arrival of a thirty-one-ounce baby of a patient's who is thriving in his Tuberculosis Sanatorium, in the incubator, having gained an ounce within five days.

Dr. Howard F. Palm, Camden, was elected last month president of the Board of Trustees of the Camden Cemetery.

Dr. Frederick W. Sell, Rahway, has been elected a trustee of the local Board of Trade.

Dr. Levi W. Halsey, Montclair, was elected vice-president of the Montclair Board of Health last month.

Dr. Charles F. Halstead, Somerville, was elected borough physician by the council last month.

Dr. Irwin H. Hance, Lakewood, has been elected president of the Village Improvement Society formed recently.

Dr. Herman C. H. Herold, Newark, and Drs. J. T. Wrightson, G. L. Warren, T. W. Corwin and F. B. Meeker have been elected members of the Newark Board of Health.

Dr. Thomas F. Higgins, and Dr. F. H. Warncke, Elizabeth, were elected City Physicians recently, by the Council.

Dr. Lewis B. Hoagland, Oxford, has been elected almhouse physician by the Warren Co. Board of Freeholders.

Dr. Florentine M. Hoffman, New Brunswick was elected by the city council last month, city physician.

Dr. George L. Johnson, Morristown, has been appointed police surgeon, by the City Council.

Dr. Stephen J. Keefe, Elizabeth, who sued the Public Service Railway Co. for damages resulting from the collision of a car with his automobile, was awarded $69.50 damages recently.

Dr. John F. Leavitt, Camden, has been re-elected medical inspector by the City Board of Health.

Dr. William H. McKenzie, Newark, has been appointed County Physician.

Dr. Thomas H. MacKenzie, Trenton, fell on a slippery sidewalk recently, sustaining slight injuries which confined him to his home for a few days.

Dr. Alex. Marcy, Jr., Riverton, and wife are enjoying a months' trip to the Canal Zone and the West Indies.

Dr. Archibald Mercer, Newark, has been appointed one of the trustees of the Newark Free Public Library.

Dr. Anne B. Newton, South Orange, gave a lecture on "The Moral Development of the Child," at a meeting of the Home and School Association on January 6th.

Dr. John M. Randolph, Rahway, was elected by the City Council last month as city physician for the two years' term and Dr. Charles B. Holmes for the one year term.

Dr. Henry H. Sherk, Camden, has been appointed a member of the City Board of Health by the Council.

Dr. Arthur L. Smith, New Brunswick, has been re-elected a member of the local Health Board.

Dr. Obadiah H. Sproul, Flemington, was sworn in office as Mayor of Flemington on January 1st.

Dr. Edwin Steiner, Newark, has been appointed County Jail physician.

Dr. Henry B. Whitehorne, Verona, has been appointed by the Essex Board of Freeholders, physician at the penitentiary.

Dr. Richard H. Parsons, Mt. Holly, was elected last month a director of the Union National Bank and also of the Mt. Holly Safe Deposit and Trust Company.

Dr. Joseph Stokes, Moorestown, was re-elected a director of the Moorestown National Bank, recently.

Dr. Herman C. Bleyle, Newark, was elected surgeon of the Republican Indian League, Newark, last month.

Dr. J. G. L. Borgmeyer, Bayonne, was re-appointed last month a member of the City Board of Education.

Dr. Harold D. Corbusier, Plainfield captain commanding the First Field Hospital at Newark, has been transferred to Elizabeth, as there are no facilities in Newark for holding drills.

Dr. George S. De Groot, Mendham, is a member of the City Council.

Dr. Gordon K. Dickinson, Jersey City, and Dr. George H. Sexsmith, Bayonne, were appointed last month, directors of the Hudson County Tuberculosis Hospital.

Dr. Henry B. Diverty, and Dr. William Brewer, Woodbury, have been elected medical examiners of Provident Conclave No. 47, Improved Order Heptasophs.

Dr. James B. Edwards, Leonia, has been appointed a member of the local Board of Health for three years.

Dr. Fred S. Hallett, Hackensack, is commended by the Evening Record, for his excellent service as health officer of that city for several years past. He has just retired from that position.

Dr. Sidney C. Keller, Newark, is a member of the Essex County grand jury, December term.

Dr. Katharine Porter, Orange, medical inspector of schools of that city, made 12,187 inspections and examinations last year.

Dr. John W. Reid, Kearny, has been re-elected president of the First National Bank of East Newark.

Dr. Walter Reynolds, Atlantic City, is a member of the City's Board of Education.

Dr. George E. Reading, Woodbury, has been elected trustee and medical examiner of Guarantee Lodge No. 17, A. O. U. W.

Dr. Joseph B. Shaw, Trenton, left the city January 17th for St. Petersburg, Florida, expecting to return in March.

Dr. Jay I. Durand, Atlantic City, had his rooms at the Marburg Apartments robbed of jewelry worth $1,200 and cash amounting to $115, by a maid during his wife's trip to Philadelphia. The maid plead guilty. The maid's accomplice also pleaded guilty to a charge of receiving stolen goods growing from the same case.

Dr. George H. McFadden, Hackensack, was elected last month, a director of the Peoples National Bank of that city.

Dr. Richard C. Newton, Montclair, recently delivered a lecture before the Garden Club of High Bridge on "The Development and Care of the Body."

Dr. David St. John, Hackensack, was recently re-elected a director of the Hackensack National Bank.

Dr. William D. Robinson, East Orange, was elected last month surgeon of the Uzal Dodd Post G. A. R. of Orange.

Dr. Herbert B. Vail, Belleville, was recently re-elected president of the local Board of Health.

Dr. Levi W. Case, Montclair, recently returned from a three weeks' trip through the South.

Dr. Henry G. Cooke, New Brunswick, has been suffering from a severe attack of asthma, with complications, which has confined him to his home for six weeks. He is convalescing.

Dr. E. Moore Fisher, Greystone Park, senior assistant at the State Hospital, was laid aside for a few days last month, suffering from tonsilitis and rheumatism.

Dr. Levi W. Halsey, Montclair, gave a talk on "Tuberculosis" at a meeting in the Trinity Presbyterian Church last month. He illustrated it with charts showing the localities in Montclair where the disease is most prevalent.

Dr. Edward B. Rogers, Collingswood, has been appointed medical inspector of Haddon Township.

Dr. William C. Sandy, Trenton, assistant physician at the State Hospital, has resigned to accept a similar position in King Park Hospital, New York.

Dr. George H. Taylor, Maplewood, has been appointed health officer of the town, also township physician.

Dr. John J. Baumann, Jersey City, has been elected a director in the Hudson County National Bank, in place of the late Dr. J. D. McGill.

Dr. Sylvan G. Bushey and Dr. Grant E. Kirk, Camden, were elected last month directors of the Broadway Trust Company, Camden.

Dr. Alexander J. Carroll, Dover, has been elected president of the City Board of Health.

Dr. James Douglas, Morristown, was re-elected health physician by the local Board of Health.

Dr. Frank M. Donohue, New Brunswick, has been elected vice-president of the People's National Bank.

Dr. William C. Fischer, Vailsburgh, lectured to Troop No. 17, Boy Scouts of America, recently, on "First Aid to the Injured."

Dr. B. Van Doren Hedges, Plainfield, has been elected a director of the City National Bank.

Dr. Joseph B. Harrison, Westfield, has been elected a director of the Westfield Trust Company.

Dr. Francis H. Glazebrook, Morristown, was re-elected secretary of the local Board of Health.

Dr. Samuel C. Haven, Morristown, is a member of the City Health Board.

Dr. George L. Johnson, Morristown, and wife celebrated the eleventh anniversary of their marriage on New Year's Eve.

Dr. William S. Lalor, Trenton, was elected vice-president of the Interstate Fair Association at the annual meeting Jan. 11th in Trenton.

Dr. James M. Maghee, West Orange, has been elected a director of the First National Bank, of that city.

Dr. Paul Mecray, Camden, was elected last month a director of the Security Trust Company, Camden.

Dr. Martin W. Reddan, Trenton, had his leg broken near the knee-joint, while cranking his automobile last month.

Dr. Robert R. Sinclair, Westfield, was recently elected a director of the People's Bank of Westfield.

Dr. Peter J. Zelio, Plainfield, has been elected a director of the First National Bank of that city.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined	Passed	Failed
Arkansas, Electric	23	23	0
Connecticut, November .	26	20	6
Florida, November	79	60	19
Maine, November	25	20	5
Mississippi, October ...	25	13	12
Nebraska, November ..	12	10	2
New Mexico, October ..	4	3	1
Oklahoma, October	31	23	8
Oregon, July	104	55	49
Pennsylvania, Nov.	110	70	40
West Virginia, Nov. ...	30	19	11

Public Health Items.

Atlantic City for Mosquito Extermination.

State Mosquito Commissioner Headley yesterday called on Mayor Riddle for the purpose of enlisting the latter's interest in the work of the State Commission. City Health Officer Guion met the two officials, and for an hour or so they talked over the proposition to exterminate mosquitoes.

Mayor Riddle explained that he has recently arranged to appoint a local mosquito commission, of which Charles H. Geist, of the gas company, is to be the head, and that probably the two commissions can work together in harmony. The Mayor represented that Mr. Geist has offered to contribute $100,000 personally toward removing the mosquitoes from Atlantic County.

Belleville Board of Health.

At its reorganization for the year the Board of Health of Belleville has decided to institute a series of tests to ascertain the purity of milk supplied within its borders. The town has no laboratory wherein to make its own analyses, but will have the work done in Newark. The adding to a laboratory to the equipment of the town's health department is being considered.

Camden Board of Health.

This board has put in practical operation the bill passed by the Legislature in the spring of 1911, providing for the payment of ten cents for each case reported by physicans to the Board. Mr. Lee, the clerk has recently tabulated an unusually large number of cases.

Low Death Rate.

East Orange, N. J., which has enjoyed the distinction of being the healthiest town in the United States, has taken another point off its annual death rate, bringing it down to 8.21.—Medical Record.

Measles Close Schools.

Owing to an epidemic of measles prevailing at Sayreville, Middlesex County, the public schools were closed two weeks last month.

Smallpox in Gloucester City.

Dr. John K. Bennett, Health Inspector, reported to the Board of Health last month two cases of smallpox, and two each of typhoid fever and tuberculosis in that city.

Newark Guarding the Milk Supply.

The Newark Board of Health has been vigorously and efficiently attacking the milk problem. Health Officer Chandler shows that last year his inspectors scored 1,084 dairies and 41 creameries. The inspectors having gone far into the States of New York and Pennsylvania to examine the sources of the city's milk supply believing that the more distant the dairy, the greater necessity of seeing that it is in a sanitary condition.

The result of the work, it is urged, has been a very general improvement in the dairies, especially those in Newark and its environs, which were unspeakably bad when the work began.

Publishing Bulletins of Milk Supply.

That milk analyses conducted by H. E. Stearns, D. V. S., bacteriologist of the Kearny Board of Health, have already become a contributory factor in a decreased rate of infant mortality. At the doctor's suggestion it was decided to publish bulletins of milk analyses every four months and distribute them in the schools. Accompanying the bulletin will be a paragraph relating to the necessity of cleansing milk bottles before returning them to the dealer. A photograph of a dirty bottle which had contained cream was exhibited by the doctor. The interior of the bottle was nearly black with decomposed material. The bottle, it was stated, had been delivered to a dealer by a Kearny woman.

State Tuberculosis Exhibit in the Oranges.

For the purpose of outlining lans for holding the State tuberculosis exhibit in the Oranges, the educational committee of the Anti-Tuberculosis League of the Oranges met last month. It was decided to hold the exhibit in Orange, East Orange, South Orange, Orange Valley, and, if possible, in West Orange.

Drs. Thomas W. Harvey, Orange, and A fred C. Benedict, of South Orange are member of the Committee to arrange for it, and it planned to be in the Oranges from Februar 4 to 26th.

Health of the Canal Zone.

For the month of October, 1912, the deat rate among employees in the Canal Zone, wa 9.10 per thousand, the lowest rate on recor for the month. The total number of death was thirty-eight, of which twenty-eight wer due to disease. Among the entire civil popula tion the death rate was 23.08 per thousand Eight deaths were due to tuberculosis, four t pneumonia, one to malaria, and ten to externa violence. There were no cases of yellow fever smallpox or plague.

Russia's High Death Rate.

Reports from Russia state that the mortalit in that country has increased in the last fiv years from 28 to 31 per thousand, giving it probably the highest death rate in the world. Severe epidemics, mainly of typhoid fever, are responsible for the high mortality.

Cholera Epidemic.

Reports have been received in London of ar alarming epidemic of cholera in Mecca, where 10,000 pilgrims have gathered. It was said that from December 23 to 27 there were 1,114 deaths from that disease.

A recent cable dispatch announces the death of 1,714 persons from cholera during a period of four days.

A New Danger.

A lady physician has contributed a new idea about noxious germs. In a recent popular magazine she informs her readers that germs collect in large quantities on the weeds which grow around a dwelling house, and that as soon as the weeds decay from any cause the winds promptly pass these germs into the lungs of the inmates of the house, with very serious result.

The remedy is to pour scalding hot lye on the weed.

Just why germs should collect upon weeds rather than upon flowers or other wholesome plants does not appear in this philosophy. It is not likely that this authority would recommend the destruction of all vegetation which might grow around the dwelling house.

The foregoing furnishes a sad illustration of what is being dispensed to the lay public as scientific knowledge.

Eye Diseases in the Schools.

Urging that the responsibilty for the physical examination of all school children in New York be placed upon the Department of Education, instead of being divided as at present between that department and the Department of Health, Dr. W. M. Richards of this city recently reported the results of his examination of forty deficient children in the public schools. From his examination and from a study of the numbers of children who fail to advance regularly he concludes that there are 78,000 children in

he public schools of New York with defective vision, and that 80 per cent. of these could be greatly helped by proper care of the eyes. He recommends that the entire care of the school children, mental, moral, and physical be vested in the Department of Education and that all backward children be examined by carefully trained physicians and defects of structure or habit corrected.—Medical Record.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, Dec., 1912.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending December 10, 1912, was 2,786. By age periods there were 438 deaths among infants under one year, 181 deaths of children over one year and under five years, and 942 deaths of persons aged sixty years and over.

The total number of deaths for the month is only four less than the preceding month. A decrease is shown in deaths from measles, scarlet fever and whooping cough while the only noticeable increase is in diseases of the circulatory system which is higher than for any period during the past six months.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending December 10, 1912, compared with the average for the previous twelve months, the averages are given in parentheses:

Typhoid fever, 35 (26); measles, 6 (24); scarlet fever, 13 (12); whooping cough, 20 (17); diphtheria, 53 (39); malarial fever, 1 (2); tuberculosis of lungs, 280 (304); tuberculosis of other organs, 30 (48); cancer, 151 (166); diseases of nervous system, 315 (346); diseases of circulatory system, 425 (394); diseases of respiratory system, (pneumonia and tuberculosis excepted), 184 (210); pneumonia, 208 (239); infantile diarrhoea, 76 (195); diseases of digestive system, (infantile diarrhoea excepted), 152 (185); Bright's disease, 227 (233); suicide, 42 (33); all other diseases or causes of death, 568 (517); total, 2,786 (3,090).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens received from suspected cases of diphtheria, 784; tuberculosis, 398; typhoid fever, 257; malaria, 19; miscellaneous specimens, 91; total, 1,549.

Division of Food and Drugs.

During the month ending December 31, 1912, 46 samples of food and drugs were examined in the State Laboratory of Hygiene, the results being as follows:

During the month 43 samples of oysters were examined, also 38 samples of water, collected from various oyster beds.

The following were found to be below standard: 18 of the 236 of milk; 16 of the 53 of butter; 2 of the 3 of lemon flavor. The one of adulterated oil.

All of the 27 samples of cream; 8 of cider vinegar; 7 of witch hazel; 2 each of maple syrup, molasses and olive oil; the one each of eggs, honey, canned peas, vanilla flavor and ammonia, were above standard. Twenty-nine suits were begun against parties whose milk, butter and oil were found to be below standard.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 349 dairy inspections were made. The following columns show the number inspected, and the number to be 60 per cent. above and 60 per cent. below the perfect mark:

County.	Number inspected.	Above 60%.	Below 60%.
Camden	1	1	
Essex	18	15	3
Gloucester	3		3
Hudson	2	2	
Hunterdon	3		3
Mercer	49	28	21
Middlesex	14	4	10
Monmouth	23	11	10
Morris	19	17	2
Salem	59	15	44
Somerset	96	61	33
Sussex	55	49	4
Union	7	7	
Total	349	210	133

Six dairies were stopped producing milk for sale—two each in Monmouth, Somerset and Sussex counties.

Number of dairies; first inspection, 92; reinspection, 257; number of milk depots inspected, 9; number of water samples collected from dairy premises, 6.

Inspections were made at the request of the following local boards of health: Gloucester, New Brunswick, Princeton, Red Bank, Salem, South Orange, Trenton.

CREAMERIES INSPECTED.

Baptistown, Belle Mead, Camden, Everittstown, Flagtown 2, Franklin Park, Glenwood, Hamburg, Hopewell, Mt. Pleasant 2, Newark 3, New Brunswick, Salem 3, Sparta, Sussex, Vernon, total 22. Number of creamery licenses recommended, 1. Water samples collected from creamery premises, 2.

ICE CREAM FACTORIES INSPECTED.

East Orange 5, Newark 25, Phillipsburg, Princeton 2, Salem 3. Total, 36. Ice cream factory licenses recommended, 5.

The following articles were inspected during the month, but no samples were taken: Milk, 329; liquor, 27; cream, 25; butter, 399; food, 615; drugs, 388.

Other inspections were made as follows: Milk wagons, 177; express docks, 4; mill depots, 20; grocery stores, 283; drug stores, 28; slaughter-houses, 20; cold storage warehouses, 22; butter stores and wagons, 13; creameries, 3; liquor stores, 6; bakeries, 2; egg investigations, 9; pickling establishments, 1; miscellaneous, 4.

Meat Inspections: Veal, carcasses, 30; beef, carcasses, 19; pork, carcasses, 14.

During the month ending December 31, 1912, 118 inspections were made in 52 cities and towns those in which several inspections were made

were: Camden, 12; Hoboken, 6; Jersey City 12; Newark, 10; Newton, 8; Trentou, 16; Red Bank, 3.

Division of Foods, Drugs, Sewerage and Water

Total number of samples analyzed in the Water Laboratory, 197; public water supplies, 127; private water supplies, 17; State institution supplies, 20; creamery water supplies, 1; dairy water supplies, 8; miscellaneous waters, 1; sewage samples, 21; miscellaneous samples, 2.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, Bridgeton, Burlington, Califon (3 supplies), Clarksboro, Elizabeth 2, Essex Fells, Frenchtown, Garfield, Hackensack, Haledon, Lakeside Park (Mercer County), Little Falls, Little York, Millville, Morris Plains (State Hospital) 7, Mount Holly, Newark, New Brunswick, New Milford, Orange 2, Pitman (3 supplies), Rahway (2 supplies), Raritan, Riegelsville, Roebling 2, Salem, Skillman (State Village for Elileptics), Somerdale, Trenton, Woodbury 2.

Watersheds inspected at Elizabeth, Orange, Pluckemin (Superior Yarn and Thread Company).

Bottled Water supplies inspected at Trenton (Blue Mountain Spring Water Company).

Sewage disposal plants and sewerage systems inspected at Bordentown, Bridgeton 2, Cape May, Chatham-Mabison 6, Fort Lee, Grantwood, Lawrenceville, Lincoln, Medford 2, Merchantville 2, Morristown 2, New Brunswick 4, Phillipsburg, Rahway, Skillman (State Village for Epileptics) 2.

Number of stream pollutions reported....	76
Reinspections of stream pollutions reported	260
Stream pollutions found abated.....	54
Notices to cease pollution issued.....	42
Cases referred to the Attorney General....	73
Plans for sewerage systems, sewage disposal plants and extensions approved.....	10
Plans for sewerage systems, sewage disposal plants and extensions disapproved.....	1
Plans for water supply systems approved..	2

Book Reviews.

PRINCIPLES AND PRACTICE OF OBSTETRICS. By Joseph B. De Lee, A. M., M. D. Professor of Obstetrics, at the Northwestern University Medical School. Large Octavo of 1,060 pages, with 913 illustrations, 150 of them in colors. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $8.00 net.

The author takes the ground that as gestation affects every organ in the woman's body and as the child too has its own physiology and pathology, the obstetrician should also be an internist, a surgeon and a pediatrist. He therefore presents in this large volume, as fully as possible, all the information demanded by such an extensive field. The illustrations are unsurpassed by those of any similar work.

PATHFINDERS IN MEDICINE BY VICTOR ROBINSON with an introduction of Abraham Jacobi. Medical Review of Reviews, New York.

A collection of Monographs, the preparation of any one of which must have required prolonged and careful research. The style of presentation is as fascinating as a novel. The absolute correctness of the facts is vouched for by Dr. Jacobi in his introduction. The book easily takes its place among the best in descriptive biography.

PSYCHANALYSIS: ITS THEORIES AND PRACTICAL Application. By A. A. Brill, Ph. B., M. D. Chief of the Neurological Department of the Bronx Hospital and Dispensary; Clinical Assistant in Psychiatry and Neurology at Columbia University Medical School. Octavo of 337 pages. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $3.00 net.

Books of this character must necessarily have a limited list of readers. Most physicians are not proficient metaphysicians and do not crave the treatment of "border-line" cases—the neuroses and mild psychoses. The writer plainly states that, "One cannot expect to become proficient in psychanalysis unless he has mastered at least Freud's theories of the neuroses, the interpretation of dreams, the sexual theories, the psychopathology of every day life and his book on wit, and last, but not least has not had a training in nervous and mental work." To those interested in psychology and especially in the vagaries of psychological imaginings this book will afford much pleasure in its chapters on The Psychoneuroses, Dreams The Actual and Compulsion Neuroses, Obsessions, Psychological Mechanisms of Paranoia Psychopathology of Every Day Life, Hysterical Fancies and Dreamy States, etc.

THE PRACTICAL MEDICINE SERIES, COMPRISing ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D., Prof. of Laryngology and Rhinology Chicago Post-Graduate School, and Charles L. Mix, A. M., M. D., Prof. of Physical Diagnosis, Northwestern Medical School. Vol. IX, Skin and Veneral Diseases, by W. L. Baum, M. D., and Harold N. Moyer, M. D. Vol. X. Nervous and Mental Diseases by Hugh T. Patrick, M. D., Prof. Neurology Chicago Polyclinic, etc., and Peter Bassoe, M. D., Ass't Prof. Nervous and Mental Diseases, Rush Medical Coll., Series 1912, The Year Book Publishers, 180 North Dearborn St., Chicago.

PROGRESSIVE MEDICINE: A QUARTERLY DIGEST of the Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Leighton E. Appleman, M. D., Vol. IV, December, 1912. Lea & Febiger, Philadelphia and New York, 1912.

This volume treats of Diseases of the Digestive Tract, Liver, Pancreas and Peritoneum—Diseases of the Kidneys—Genito-Urinary Diseases—Surgery of the Extremities, Shock, Anaesthesia, Infections, Fractures and Dislocations and Tumors.

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INDURATIVE HEADACHE.*

By Christopher C. Beling, M. D., Newark, N. J.

The subject of headache is of interest to every practitioner of medicine. It is a common symptom of protean origin.

The scope of this paper is the consideration of a particular type of headache, the indurative, the study of which has been of special interest to me during the last five years.

In reviewing the literature upon the subject we find the principle contributions regarding headache due to indurations, are from the pens of Swedish and German authors, notably Helleda, Edinger, Auerbach, Norstrom, Rosenbach, Peritz, and A. Muller. Except for general statements concerning headaches being of rheumatic, lithaemic or gouty origin, no particular attention seems to have been paid to the consideration of these indurative head pains by American or English physicians. As far as I am aware, the first definite article on Indurative Headache in American literature was presented by Yawger in the Journal of the American Medical Association, April 24, 1909.

In 1904, Sir William Gowers, in a lecture on Lumbago. Its Lessons and Analogues, gave us a clear conception of the nature of certain affections, which were loosely designated as muscular rheumatism, pointed out the pathological condition underlying them and classified them as Fibrositis.

Under this term he included lumbago, brachial myalgias, the familiar stiff neck, pleurodynia, certain forms of sciatica, certain involvements of the pharyngeal muscles, the tendinous attachments of the diaphragm, etc.

In 1908, my attention was directed for the first time to the subject of this paper, as the result of a case which came under our observation at the Neurological Clinic of St. Michael's Hospital, Newark, N. J.

The following are the notes of this case:

May 21, 1908, M. P. Male; 43 years of age; tailor; born in Austria. Since July 1907 he has complained of severe occipital headaches. At this time, dreaming that a mad dog was after him, he fell out of bed one morning and substained an injury to the back of his head and neck. He had the parts rubbed with alcohol and went to work for three hours, when his neck becoming stiff and painful he had to quit work. He remained in bed for five days with severe headache and stiff neck, after which time he was able to resume his work. Subsequently he did not notice any stiffness but suffered from occasional occipital headaches, which often radiated anteriorly. More recently he has suffered considerably with headache and stiffness of the muscles of the neck.

Examination showed a well developed man in good health except for his headaches. The movements of the head and neck were very limited. The posterior cervical muscles on the right side were rigid. Severe pain was felt on turning the head to either side, more especially to the left. The ligamentum nuchae was thickened and rigid. There was marker hypertonia of the muscles arising from the occipital bone and the transverse processes of the upper cervical vertebrae, more so on the left side, with great tenderness on pressure over their insertions. No evidence of true neuritis were present. The diagnosis of Pressure Headache was made. In

*Read before the Medical Society of New Jersey. Spring Lake, June 12th, 1912.

searching the literature on headache it was noted that this case corresponded with the type known as Indurative Headache as described by Edinger. This gave us the clue to the successful treatment of the pataient by the use of massage and electricity.

In his masterly article on Headache, Edinger makes the statement that indurative headache, "probably the *Most Frequent Form of Headache* seems to be unknown to the majority of physician although it has been described in text-books for decades, and although we possess some excellent, especially therapeutic investigations concerning it."

He concludes this article as follows:—"It will be observed that on the whole we are on hypothetical grounds. If, however, renewed investigations gives us any light, we must clearly discriminate between what we postively known and what is mere surmise. We know that the agent which produces headache attachs the dural nerves, perhaps also some of the nerves of the pia. The sensation of pain is, of course, conveyed through the brain. We know that headache may be due to various causes. We do not know the mode by which they damage the nerves, nor in what manner they produce pain. Anemia of the nerve is, at all events, a factor which may be included, as well as hyperaemia. Perhaps most forms of headaches may be attributed to these two conditions."

"Naturally, the physician must not allow this theoretic explanation to forestall treatment. Empiricism has made us acquainted with a number of remedies and processes which may afford relief. The development of diagnosis indicates the point where our aid may with advantage be offered. We know this much of headache: that each individual case should interest the physician; and we know so little of its theory that now when positive, fundamental laws are everywhere determined, the questions which have arisen should form a new stimulus to scientific endeavor."

He believes that all forms of headache become manifest in the region of the trigeminal nerve, but he takes care to add that only in isolated instances are the sensory branches of the upper cervical nerves affected, and to state broadly that "numerous observations have proven that the irritation of a sensory nerve, of its ganglion or of its root produces pain," and "it is just as certain that pain is then felt in the area of distribution of this nerve."

Remarking as to the fact that so little has yet been reported as to the involvement of the roots, he cites the case of a celebrated musician, who, throughout his life, suffered frequently from excruciating headaches which usually radiated to the back of his head, and in whom at the post-mortem he found imbedded in the roots of the upper cervical nerve an old cicatrix, which involverd particularly the region of the posterior horn.

Further, while remarking that very severe headaches may be caused by an affection of the peripheral branches of the individual cervical nerves by "rheumatism in the muscles of the head and neck," he states that no doubt rheumatic affections or indurations of the head often lead to direct damage of the cutaneous branches of the fifth nerve, for pain is not only felt in the posterior part of the head, but also very acutely over the eyes and in the temporal region. He believes that the dural branches of the trigeminal nerve must be frequently damaged.

Clinically, however, one encounters many cases, in which there is such a definite localization of the areas of pain to the distribution of the cervical nerves that any involvement may be ruled out. Besides the type of pain experienced at the onset of an indurative headache is mostly of a dull, wide-spread and indefinite character. It is only as the condition progresses in severity that the pain spreads to the occipital region and even radiates to the temporal, frontal and orbital regions.

When we study the afferent nerves of muscle, we see that instead of terminating in the muscle fibers as do the motor filaments, they end in the interstitial tissue between the fibers in the spindle-shaped neuro-muscular and neuro-tendinous nerve end-organs. As far as it is ascertainable all the afferent impulses in muscle and tendon arise in these structures. By degenerating the motor nerves going to a muscle, Sherrington determined that the nerve fibers ending in the neuro-muscular end-organs were sensory in structure. As Gowers states, "muscle-spindles are the only sensory structures in the muscle, and as far as it is known there are no others, it is through them that the symptoms of muscular rheumatism are produced. They are by some means brought into a state of extreme sensitiveness and thus pain is produced by moderate influence, by which, as we have seen their normal excitation is produced." The production of the pain is sudden, but

the condition on which it depends is of gradual development.

Tendons, aponeuroses and ligaments are composed of dense, fibrous connective tissue, almost wholly of the white fibrous variety. White fibrous tissue surrounds the intra-fusal muscle fibres, which belong to these spindles in the form of a capsule, and at its proximal end becomes continuous with the connective tissue found between the muscle fibres, (endo- and peri-mysium).

The essential patholgical change is confined to the white fibrous tissue found in these structures. The lesion is an inflammation or hyperplasia of the connective in patches. This condition may be widespread or confined to a certain portion. Sero-fibrinous exudation with prolifieration of the connective tissue takes place, probably as the result of irritation from microbes or toxins. This may be wholly or partially reabsorbed or may organize and form permanent swellings and indurations. On microscopic examination they are seen to consist of proliferating fibrous tissue. They are well supplied with blood vessels and no leucocytes congregate about them, as happens in many other inflammations. Once these fibrous tissue swellings form and remain more or less organized, they are liable to become further swollen and painful under the influence of cold, damp, over-exertion, indigestion and other causes.

AETIOLOGY.

Heredity appears to play an important role in the production of this condition. A family history of gout or gouty conditions is often noted. Gowers especially emphasizes its importance. Muller states that every headache not conditioned by an organic cause is a concealed or "larvated rheumatism."

The commonest exciting causes of these indurative conditions are: 1. Exposure to cold, damp and wet; 2. Sudden changes in temperature or barometric pressure; 3. Local injury or strain; 4. The presence in the circulation of toxins derived from the alimentary canal or produced by various infective organisms. Women are frequently affected. Local chilling in the back of the neck or in the temples, in consequence of washing the hair seems to be an exciting cause.

In all these cases clinical examination reveals induration and hypertension of the muscles. Muller considers the apparent induration as evidence of muscular hypertonus or contraction, which results from minute and extremely hard and tender nodules at the bony insertions of the muscles. Underlying these is a "latent, chronic arthritis" of the cervical vertebral, sterno-clavicular and sterno-costal joints of a "rheumatic" nature. The cause of the arthritides is unknown and "constitutional." The relationship of the joint and muscles changes is altogether inconstant. The intensity of an arthritis does not always predicate a hypertonus, for with the slightest grades of joint affection very intense pain and hypertonus may be present. The headaches and the hypertonia are dependent upon other causes, such as mental and bodily exertion, excitement, alcohol, changes in temperature and in certain cases atmospheric electricity.

The head is completely rested only when the entire body is placed in the horizontal position. The joints between the skull and the vertebrae and the vertebrae themselves are so loose and freely moveable, that not only in standing, but in sitting as well, active muscular exertion is necessary to support the head upon the spinal column. Muscles which are so strongly and uninterruptedly occupied in supporting the weight of the head from morning to night may be readily overstrained. In most forms of mental work the head is bent over forwards and the cervical muscles have to bear its weight for hours at a time. Such tonic contraction readily produces both overstrain and hypertension with resulting stasis and pressure upon the sensory mechanisms. No doubt the head pains and neurasthenic troubles of brain workers are at least partly of this origin. Other classes of workers, who assume abnormal positions of the head for long continued periods of time, suffer similarly. Great relief and benefit come to such sufferers when they have absolute rest in bed and the over-strained muscles of the head and neck are placed in complete repose.

The headaches of school children are frequently of this type. School children, who are often otherwise quite up to the normal, show a lack of concentration and attention and inability to prosecute their studies on account of headaches, which, however, disappear with more or less cessation from work. So much has been written about headaches arising from eye strain, but very little attention has been paid to those arising from strain of muscles other than the ocular, and especially those of the cervical region. Holding the head still is relatively much more difficult for children than for adults and more readily brings about overstrain of the cervical muscles, hypertonus,

vascular retardations and pressure pains and aches.

CLINICAL PICTURE AND DIAGNOSES.

Headache is not a disease in itself, but merely a symptom which may arise from a great number of causes. Here we shall only study its appearance as it results from affection of the musculature of the head and neck, along with the cervical nerves.

The onset may be very acute, Edinger cites a case which presented symptoms resembling those of acute meningitis. More often it comes on gradually. At first the attacks are slight and only give rise to sensations of discomfort and pressure on the head, but later increase in severity and frequency. They occur at variable periods and at times resemble attacks of migraine very closely. There is considerable difference of opinion as to the identity of these two forms of headache. It is a question whether migraine is related to epilepsy and the so-called functional neuroses, or belongs to this class of cases. Further investigations are necessary before the question can be definitely settled. In migraine we have a definite aura, consisting of a loss or perversion of the visual functions, or numbness, paraesthesia or perversions of common sensibility in the limbs, face and tongue, or paraphasic affection of speech, etc.; nausea and vomiting followed by relief especially with sleep. "Painful areas of the head are rarely found except during an attack, but here the opposite is the case."

Auerbach thinks that indurative (muscular) headache constitutes about one-fourth of all headaches. Edinger estimates their frequency about two-fifths of all cases. During the last fifteen years Muller observed 312 cases of functional headache, i. e., headache not due to any organic disease of the cranium or its contents, and at the same time examined the condition of the muscles. In all these cases he found muscular hypertonus present in varying degrees and with all its inhrent properties. In 23 cases he was unable to ascertain any accompanying symptoms, a simple uncomplicated headache being present and corresponding in the strictest sense to the indurative headache described by Edinger. He thinks, however, that the number of these typical cases is very small and that headache is extremely rarely the only disease symptom. The number in the series should be actually much less, because in his earlier observations he had failed to note accompanying conditions, and in his later cases the headache was such a predominant symptom at times that other conditions frequently escaped classification. The concomitant conditions he found in the remainder of his cases were chiefly neurasthenia, symptoms of a neurasthenic character, gastralgia, vertigo and insomnia; muscular rheumatism, constipation, head injuries, influenze, chlorosis, obesity, hysteria, chronic alcoholism, epilepsy, etc. Of these 312 cases 40 were acute and 272 were chronic. Of the acute cases, 9 were influenzal in character, 5 traumatic, 6 accompanied muscular rheumatism, and in 3 constipation and neurasthenic symptoms were present.

Regarding the clinical picture, on inspection of the cervical musculature in repose, swelling is frequently observed over the diseased muscles. It is only prominent in a small number of cases. The skin may appear rought, but is not an indication of the deeper changes. Swelling is best noted by comparing the two sides. Occasionally it may be present on both sides.

On palpation the affected muscles present a sense of resistance to the fingers, which, if once experienced will not be readily forgotten. According as the different layers of muscles are affected the areas of induration give one the impression of circumscribed deposits in the muscles, but when each muscle is separately examined, one finds that the diseased muscles may be definitely traced out often along their entire course. Regarding the results of palpation various authors have spoken of callosities, tubercles, thickenings and nodules. These conditions as described by them are, however, not circumscribd deposits in the muscles as a general rule, but hard strands, which traverse the muscles from one end to the other along the direction of their fibres. They do not lie hap-hazard, but present a characteristic localization and form in each muscle, so that the affected muscle may be recognized by the position and direction of these indurated strands. The entire muscle or portions of it may be affected.

Palpation of the muscular insertions often reveal thickenings, varying in size from a pin's head to a pea or larger. Pressure upon these muscles produces paid, generally diffuse in character, and an increase of an already existing hypertension. Hypertonus is a valuable symptom. It may vary in degree, but is always present.

An increase of tension is always accompanied by an increase of pain and tenderness on pressure. It is important to differentiate between normal muscular contraction and hypertonus due to fibrous invasion.

Mild grades of pathological hypertension generally escape attention, owing to the allowance made for a certain degree of tonus, which is normally present in muscle, and the faulty technique ordinarily employed in examination. An abnormal tension can only be ascertained when the resistance of the skin is overcome and the muscles are relaxed by placing the patient in a proper position and when single muscles are compared as to their tension. Hypertonus is not contracture since it is frequently present without muscular shortening. It may not infrequently lead to shortening.

This increase of tension disappears at the insertions of the muscles, where thickenings of a hard and gristly character may be found. These nodules are located deeply and obscured by the increased tension, which provides protection from movement. As soon as one of these indurations are touched the muscles become instantaneously tense and prevent their manipulation. If pressure is strongly and steadily maintained over them the muscular tension disappears and does not again assume the same degree. Muller emphasizes the importance of this symptom and considers it of great clinical significance. We have observed it quite constantly. In chronic cases we have noted a flabby toneless condition in muscles, which have been the seats of long standing changes.

On auscultation of these diseased muscles with a small bell stethoscope, while slow, active or better passive movements are made, fine crepitant sounds may be heard. They have to be differentiated from the rumble of normal muscular contraction, intra-thoracic crepitation, joint and bone crepitus. As the result of the examination of the muscles we may find swelling, induration, pain, hypertonus and crepitant sounds.

The diagnosis of indurative headache may thus be readily made by an examination of the affected musculature, but it should be always associated with a diagnosis by exclusion. A careful examination of the eyes, ears, nose and pharynx should be made for conditions that might be responsible for headache. The presence of any organic disease of the central nervous system, meningitis, tumor, etc., should be ascertained for the same reason. An examination of the urine would exclude uraemia and diabetes. In the absence of these conditions the nature of the headache is practically revealed, for in all those conditions, which are usually associated with headache, such as Influenza, Constipation, Hysteria, Neurasthenia, Chronic Rheumatism, etc. It may still be of the muscular type.

As a general rule much attention is not paid to the examination of the muscular system. Failure to fully recognize and diagnose these conditions also results from imperfect and faulty methods. Three important points should be borne in mind: 1. Proper lubrication of the skin; 2. Complete relaxation of the muscles; 3. Systematic examination, including separately the skin, subcutaneous structures, individual muscles, the various nerves, etc.

In palpating the degree of affection of the individual muscles should be noted, also the various foci of irritation, i. e., the insertions of the muscles to the head and the vertebrae, the shoulder blades and the clavicles, the cervical vertebral, sterno-clavicular and sterno-costal articulations, the thyroid, the temporal and orbital regions.

At first examination one cannot usually find all the affected points, owing to the often severe and wide-spread pain sensibility of the general musculature and the marked resistance offered by the superlying tissues. These deep-seated conditions become appreciable only in the course of treatment. As the increased resistance in the diseased muscles gradually subsides, the indurations may be more plainly felt. An intimate knowledge of the topographical anatomy and constant practice are necessary for thorough examination and treatment. One must learn to differentiate a simple reflex contraction from hypertonus, to estimate the degree of hypertonus in single muscles and acquire the knack of reaching the deeper muscle-layers and their insertions. Of course the question may be raised that these procedures do not belong to the province of the physician and why any intelligent person could not be readily taught to treat these cases. This is not borne out in actual practice as a general rule, and the results of such work are disappointing and only bring discredit to the method of treatment.

Pain in indurative headache may originate from pressure on the muscle spindles and the fibres of deep sensation, running in muscle along with the motor nerves, or from involvement of the cervical nerves themselves. Besides the pain thus arising from direct pressure, clinical observation has shown us that there may be "referred" or "irradiated" pain.

These "referred pains" apparently have their originating foci of afferent stimulus in the diseased cervical muscles and their

attachments. There are evidently definite distal points to which the pain is referred when certain muscles and their sensory mechanisms are too strongly stimulated.

During treatment it was often noted that when pressure was applied over the superior angle of the scapula a sensation of acute pain was referred to the homolateral occipital region. Pressure over the transverse process of the third cervical vertebra gave rise to a reference of pain in the homolateral fronto-temporal region and in the eye-ball. Pressure about the tip of the transverse process of the second cervical vertebra to a sensation of fullness and pain in the ear. Such pain is probably transmitted to these distant points along the sympathetic nerves through the superior cervical ganglion.

TREATMENT.

In acute cases a brisk saline purge should be given and the patient confined to bed. The affected muscles should be kept at rest. Free diaphoresis at the outset of the attack often gives prompt relief. The application of heat for several hours by hot fomentations, hot bags or thermaphores is of much benefit. While the salicylates are not of much benefit in the chronic cases, the acute cases are often remarkably benefited by the exhibition of Aspirin, Sodium Salicylate or Salophen in full doses, every hour, for three or four doses before bedtime. The coal tar derivatives should be avoided as a rule. Colchicum and alkalies may be given if the patient is gouty. Locally applications of chloral, menthol and camphor, equal parts, rubbed together give a considerable degree of relief.

Massage is recommended generally as the best method of local treatment. It should be done frequently and carefully. At first the treatments should be short and gentle. As the resistance of the superficial tissues is overcome, more forcible pressure may be exerted and the muscles and their insertions treated individually. For a thorough cure all the indurations should be treated until they disappear completely and normal muscle tone is restored.

Vibration is recommended by Edinger and others, except in the case of patients suffering from arterio-sclerosis. As far as electricity is concerned, he states that the galvanic current is unquestionably beneficial and may be combined with massage.

Whatever methods are employed, the aim should be the physiological restitution of the diseased muscles. I have found the use of a rhythmically reversed electrical current of great value in the treatment of these cases. Either the Faradic, Galvanic or alternating current may be rhythmically reversed by suitable apparatus. Any one of these modalities may be used. Owing to the disagreeable effects produced by the galvanic current it is not so well suited for bilateral application to the head and neck. With this exception it is the current par excellence. With proper controllers the amount of current and the number of reversals per minute may be regulated according to indications. In this manner the muscle fibres may be stimulated and the circulation through them increased. Chemical changes are no doubt furthered and absorption of exudative material takes place.

In chronic cases with marked fibrous changes, beneficial results follow the exhibition of Iodide of Potassium in combination with general tonics.

The method suggested by Luff for chronic cases of lumbago is applicable here. He orders the employment of ionization of a two per cent. solution of Lithium Iodide and directs that the negative ion (iodine) should be driven into the affected tissues. In the acute cases the ionization should be done with a two per cent. solution of Sodium Salicylate at the first sitting or two, in order to produce immediate relief of the pain. Preceding the ionization which lasts for ten or fifteen minutes, superheated air is applied for 15 or 20 minutes.

The successful treatment of long-standing cases is tedious. Several months may be required to remove all these enlargements. In some cases the indurations are so firmly organized that only an amelioration may be expected. In acute cases from one month to six weeks may be necessary.

If these cases were more promptly diagnosed and the proper local and general treatment be applied, a great deal of needless suffering would be prevented. It would be wise for every physician, when he is called upon to treat a headache, to make an investigation of the condition of the musculature of the head and neck, and not to be satisfied only with the administration of analgesic and sedative drugs for the temporary amelioration of symptoms.

I present this paper with the hope that its subject may be of as much interest to the members of this Society as it has been to me, particularly at a time, when so many pseudo-scientific methods of mechanical therapy seem to be in general favor.

DISCUSSION.

DR. WILLIAM M. LESZYNSKY, New York City: I have been very much interested, not only in the paper, but also in the subject. Some years ago, when Dr. Gowers first called the attention of the profession to what he termed fibrositis I undertook to make some investigations, and found a number of patients complaining of headache in which the aponeurosis of the occipito-frontalis muscle was involved. There is a large mass of fibrous tissue that comes forward to the forehead, and it is very frequently in that structure of the scalp that this condition occurs; not necessarily in indurated masses. Patients in whom this condition is present have pain and discomfort in contracting the occipito-frontalis. The proportion of patients who have this affection of indurative headache is very small indeed, according to my experience. As Dr. Beling has said, other conditions should be excluded; but it is hardly necessary to have the eyes, nose and throat examined, before determining whether such a condition exists.

Twenty years ago, my attention was called to this type of indurative headache by a masseur who had been employed by many of the best neurologists in New York City. While I was instructing him as to a patient, he instructed me, by calling my attention to some nodular masses corresponding more or less to the indurations mentioned in the paper, which I had not noticed at all. Since then, I have been on the lookout for this condition. As Dr. Beling has stated, this condition is not found without other symptoms; and these patients not only have hypertonias or some rigidity, but also some other evidences of the rheumatic diathesis,—some slight evidence of arthritis in the shoulders or finger joints, or some history of some form of toxemia.

I have been asked by quite a number of men here what indurative headache is. Very few in the medical profession seem to have heard of it. It is not a common condition. If it were, they would have heard more about it. Dr. Beling is to be congratulated for bringing the matter to the attention of the general profession again.

DR. THOMAS P. PROUT, Summit: It seems to me that Dr. Beling has drawn our attention to a very important matter, which lies at the crux of a very important problem at the present time,—the question of osteopathy. We have allowed the osteopath to go on treating these conditions so long that we have failed to recognize them as of any considerable importance at all. A patient goes to an osteopath for one of two reasons: either there is something the matter with the patient or the patient needs suggestive treatment. Patients of this class certainly do not belong in that catagory; and it is this class of cases that have been feeding the offices of osteopaths, together with a certain number of individuals who do require suggestive treatment.

In connection with the discussion on increased blood-pressure, I should like to call attention to the fact that this sort of headache is made very much worse by anything that increases the blood-pressure; because of the increase pressure in the indurative areas.

DR H. I. GOLDSTEIN, Camden: Two years ago, I had reason to look up the literature with reference to the subject of indurative headache, and found that it was very scanty. In the Journal of the American Medical Association for April 24, 1909, I found an interesting paper by Dr. Yawger, of the University of Pennsylvania. He defined it as a headache of organic origin, usually paroxysmal, and due to infiltration or thickening at various points, chiefly in the muscles of the head and neck. In the treatment of the headache, the following points were recommended; treatment by massage, to be continued from one to three months; active exercise, taking water freely; the patient to avoid over fatigue, emotional activity and mental excitement. The diet, was first taken care of, so as not to increase the uric acid diathesis, and was arranged so that the purin bodies would be reduced. The alkaline waters were recommended. No alcoholic beverages should be taken, and the bowels should be kept freely open. Potassium iodide and sodium salicylate were given in some cases; and externally an ointment with methyl salicylate and capsicum. Vibration was a good method, by the electrical vibrator; but not in cases of arteriosclerosis. Galvanism was also considered good. On further looking up the literature, I found in the State Medical Journal of California that a man named Shields, of San Francisco, had classified headache and included indurative headache, classifying it as functional, organic and circulatory.

DR. SARAH R. MEAD, Newark: Ever since that paper apppeared in the A. M. A. Journal, in 1909, I have been examining patients for these indurations, and have been surprised and relieved to find that my patients received benefit from massage first. Later, the vibratory treatment, which is the most rapid of any method that I have used, was employed, besides medical treatment by internal medicine.

DR. BELING, in closing the discussion, said: "I was at a loss to find some means of treating these cases, without the use of massage, but after some trial found that the sinusoidal current, that is an ordinary faradic or galvanic current rhythmically reversed, was the best method of influencing these indurations. It grasped the muscles and stimulated their contraction, and acted as well as on the deeper structures. Combined with massage it seems to me the best method of local treatment for these headaches. Other treatment is constitutional, according to the conditions which may be present. These charts show the sites of the various indurations, the distribution of the cervical nerves and the lines of direction of the muscles. As the result of muscular thickening, hypertonus and contracture there often results a shorteneing of the neck and lordosis. Muller states that the lordosis causes a stasis in the internal jugular vein, resulting in hyperaemia of the scalp. The shortening of the neck produces a downward movement of the larynx and a downward displacement of the thyroid, with consequent circulatory and secretory disturbances in the gland and retardation of the blood flow through the internal jugular veins. He further speaks of the effects produced upon the venous and lymphatic circulation, and the headache being partly, at least, the result of congestion of the scalp. So far I have not been able to come to any definite conclusion regarding this matter.

PHTHISIOPHOBIA.*

By THOMAS W. HARVEY, M. D.,
Orange, N. J.

When, in 1882, Professor Koch announced the discovery of the bacillus of tuberculosis, he announced it to a world that had settled down to a gloomy despair as to its ability to escape from the fatal menace of the great white plague. Forgotten were the teachings of the ancients, who, in the Italian cities, had recognized the value of quarantine and segregation in the control of consumption, and had vigorously and successfully enforced such methods for many years. Forgotten were the teachings of the fathers, such as the patriot Rush, who more than a hundred years before had preached the curability of consumption by out-of-door life, sea voyages, long horseback journeys and open sleeping rooms. With the occasional exception of some brave soul who sought the wilderness and roughed it, the victim of consumption shut himself up in the house, well protected from drafts, and stewed to death. The medical world, steeped with the doctrine of heredity, ignorant of the exact cause, despairing of a cure, advised change of climate for the well-to-do, and fed their less fortunate patients on cod liver oil and whiskey, and were happy if they succeeded in prolonging a few useful lives.

The death rate from consumption in New Jersey in 1882 was 13.41 per cent. of the total number of deaths. Of course we knew that there were cases of consumption that were apparently cured. It was common knowledge that the autopsy room showed many healed cavities in otherwise healthy lungs. Many who went to the high plateaus of the West and remained there apparently recovered, and died of some other disease, or of old age. Koch's announcement changed the situation completely. It put consumption into the class of contagious and, therefore, preventable diseases, and gave immediately firm foundation for the slowly growing belief that it was curable.

The word contagion immediately suggests the safeguards necessary to prevent the fateful contact, and while inquiring as to the mode and manner of the contagion, the world, mindful of the formidable quarantine methods in use for the control of smallpox, immediately was seized with a panic; a fear of catching the disease caused many hardships and cruelties until physicians, appreciating the dangers of the growing panic, checked the vigorous efforts that had been started by many enthusiasts and advised against too hastily requiring compulsory registration and other quarantine regulations.

The succeeding years have brought a reasonable increase of sanity in our attitude towards this disease; but there is still a well-marked Phthisiophobia that makes itself evident whenever there is an attempt to establish a tuberculosis sanatorium or hospital or even an innocuos preventorium.

In the State Board report for 1910 we have a table giving the death statistics of consumption in New Jersey for thirty years. In 1879, with a population of 1,020,584, there were 2,788 deaths from consumption, a death rate per 10,000 population of 27.32. In 1909, with 2,352,522 population, there were 3,608 deaths from consumption, a rate of 15.34 per 10,000 population.

The proportion of deaths from consumption to the total deaths has been reduced from 13.64 per cent. in 1879, to 9.92 per cent. in 1909. There is this to be said however, that the most notable portion of this decrease took place prior to 1900, that is before the campaign had been carried on as actively and widely as it is at present. One of the reasons of this is certainly better statistics.

There was a time when it was considered merciful for the physician to deceive the patient as to the cause of his sickness, and when the lethal exit came the case was called bronchitis for euphony. Now it is considered the proper thing to make an early diagnosis in order that the patient may have a chance to recover, and therefore there is much more likelihood that the proper diagnosis will appear on the certificate. Further progress has been undoubtedly halted by our inability to control the unteachable spitting consumptive.

We now know fairly well the source from which contagion comes and the manner of the invasion. We know the danger of the spitting consumptive, particularly when he is of the unteachable, irresponsible class; we know the danger of tuberculous milk and other foods, but we also know that a consumptive patient may be trained so that he is not a source of danger to his immediate associates, and that a colony of consumptives may be so managed that

*Read at the 38th annual meeting of the New Jersey Sanitary Association, Lakewood, Dec. 6th, 1912.

will not be a menace to the health of those living in the immediate vicinity. This knowledge, however, is not so generally accepted as it should be, and, even in the West, certain States, a fair proportion of whose population consists of cured tuberculosis patients, have endeavored to have their Legislatures pass laws restricting the immigration of consumptives.

This society has been established nearly forty years; out of the activities of its early life came the State Board of Health, and in the fifth annual report of the State Board—for 1881—there appeared an interesting paper entitled "Study of Consumption as a Preventable Disease," written by the secretary, Dr. Ezra M. Hunt, to whom New Jersey owes much for his successful labors in building the foundation of our present system of sanitary administration. In this paper the danger from the use of milk and flesh of tuberculous cattle, the effect of certain occupations and the value of thorough drainage of the soil, and ventilation of bedrooms were pointed out, and suggestions were made for the prevention of the disease.

In the transactions of this society for the years 1890 and 1891, Koch's discovery of the use of tuberculin was discussed, and the late Dr. J. W. Stickler published an exhaustive paper on the relation of bovine and human tuberculosis, in which he discussed the measures necessary to restrain the spread of this disease, and among them mentioned the segregation of those who would be uncontrolable and unteachable; twenty years later we find such a measure as part of the organic laws of the State.

Impressed with the inadequacy of our sanitary laws for the extermination of consumption, our State Board of Health commenced a steadily progressive campaign for greater power. The Board of Health itself from being simply an advisory board with limited power, has, in the matter of tuberculosis at least, acquired most extensive powers. By the act entitled "An act concerning tuberculosis," enacted March 28th, 1912, the State Board of Health has the power of determining the location of the county tuberculosis hospitals, by condemnation proceedings if necessary, and can compel obedience on the part of victims of this disease to the laws and regulations that the Board may formulate regarding their personal habits and hygiene under pain of being committed to the county isolation hospital in case of disobedience.

No public objection has been raised to the granting such power to the Board, a wonderful change in public opinion. It is only five years ago that fear of the contagion of tuberculosis caused the Legislature to pass an act forbidding the establishment of tuberculosis hospitals in any municipality except by permission of the municipal authorities. Two years ago permission was given county authorities to establish such hospitals if they wished, and now the counties are commanded to establish such hospitals.

A recent editorial in the Journal of the American Public Health Association comments on this law in the following words:

"To the State of New Jersey is to be credited the most progressive piece of anti-tuberculosis legislation yet adopted in the United States, or, so far as we are aware, in the world.

"Some two years ago a law was enacted in that State enabling counties to erect and maintain tuberculosis hospitals, and, as a result, three such institutions were established. It quickly became evident that the desired provision for the segregation and care of tuberculosis patients would be indefinitely delayed unless additional measures were taken. In March last a new bill was introduced in the Legislature, passed by both houses, and having received the signature of the Governor. is now a law. Its operation will be watched with intense interest by all those concerned with the problem of public health.

"Without going into details, the essentially new features of the law in question are: mandatory establishment of county tuberculosis hospitals (instead of permissory, as heretofore); a subvention by the State of three dollars a week for each patient cared for in such hospitals; and, more interesting than all, a clause is added providing for the compulsory segregation of such cases as may be adjudged guilty of violating rules and regulations in regard to tuberculosis which shall be issued by the State Board of Health. A provision of great practical importance is the placing of responsibility for enforcing the law upon the State Board of Health, which body is empowered to issue orders to local boards of health and practicing physicians for the purpose.

"It is encouraging to see a commonwealth take the step which expert experience demonstrated as logical." * * *

"It is the frank recognition of these implications of the situation which gives

the New Jersey law its significance. A few other States, or, in some cases, cities, have adopted mildly mandatory legislation, but invariably of an incomplete sort, which has not met the conditions even in a theoretical way." * * *

"We believe the law to be logical in the line of inevitable development. In its essential features we believe it to be practicable, and we congratulate New Jersey upon having assumed incontestably the leading position in the formal official treatment of the tuberculosis problem."

Despite, however, the advanced position of our health authorities, there is still an unreasoning fear of the contagion of consumption, and I use the word unreasoning instead of unreasonable because it is perfectly reasonable to fear the disease and to take reasonable precautions against its spread. The fear of a thoughtless, promiscuously spitting consumptive should be very great, but this is not as well established as it should be; on the other hand, there is abroad a fear of the sanatorium and of the inmates, which is entirely unreasoning and the cause of much harm in the community. This fear has taken on several forms; first, the fear that the presence of such an institution would be a focus of the disease, and thus become a nuisance, and cause depreciation of property, and then there is the fear of going to such an institution as a patient because of the depressing influence of so many hopeless invalids and the danger of contagion. This last phase of the subject has been ably discussed in an article published in the Medical Record of September 28th, 1912, by Professor S. A. Knopf. Referring to this fear, he says of the sanatorium:

"Last, but not least, I trust that after reading this little contribution, prospective patients will see that their fears of becoming infeced or reinfected in a sanatorium are totally unjustified; that life in a sanatorium is far from depressing; that, on the contrary, an atmosphere of hope, cheer, and good comradeship prevails in sanatoria; and that they themselves can contribute to this in no small degree by determining to get well, obeying implicitly the rules of the institution, being of a hopeful and cheerful frame of mind, sympathetic and kind to their fellow-patients.

"To have the statements I am going to make as authoritative as possible I addressed the following questions to a large number of physicians at the head of American and Canadian sanatoria: 1. 'Has there ever been an authentic case in your institution of a healthy visitor or employe (physician, nurse or helper) having contracted tuberculosis during his sojourn in the sanatorium, and if so, how many cases have you on record, and covering what period of time?' 2. 'Have you observed among the patients who have come to the sanatorium any who have left the institution shortly after their arrival because they found the association with other patients unpleasant?' 3. 'Do you know of any patients who have suffered from social or business ostracism after having left your sanatorium, either cured or arrested'?"

For our purposes we are interested in the answers to questions one and two. The answers he received I have tabulated. Dr. Knopf received answers from twenty-five institutions, as follows, in each case the first "no" being the answer to question one and the second "no" or "yes" being to question 2:

Dr. Brown, Saranac, no, no; Dr. Holden, Denver, no, no; Dr. Barlow, Los Angeles, no, no; Dr. Brooks, New Canaan, no, no; Dr. Brooks, San Angelo, no, no; Dr. Foster, Colorado Springs, no, no; Dr. Sloan, Towson, no, yes; Dr. Sachs, Naperville, no, no; Dr. Lyman, Wallingford, no, yes; Dr. Apted, Grand Rapids, no, no; Dr. Greeley, Hackensack, no, no; Dr. Homan, El Paso, no, yes; Dr. King, Liberty, no, yes; Dr. Nicholas, Hebron, no, yes; Dr. Cullen, Maryland, no, yes; Dr. Stewart, Missouri, no, yes; Dr. Kendall, Muskoka, no, yes; Dr. Bullock, Silver City, no, yes; Dr. Ober, Milwaukee, no, yes; Dr. Pottenger, Monrovia, no, yes; Dr. Bartlett, Rutland, no, yes; Dr. Hyde, Silver City, no, no; Dr. Bowditch, Sharon Hill, no, yes; Dr. Sternberg, Washington Grove, no, no; Dr. Flick, White Haven, no, no.

All of these twenty-five sanatorium directors reported that no healthy individuals had ever contracted tuberculosis while resident in their institutions.

In 1906 Dr. J. H. Elliott, of Muskoka Cottage Sanatorium, Canada, read a paper before the American Climatological Society in which he discussed the question of the mortality from tuberculosis in the neighborhood of sanatoria. He quoted many authorities to prove that the establishment of such sanatoria has never been the cause of an increase of such mortality in their neighborhood, on the contrary its influence in the way of educating the people in the proper care of cases of consumption has been such that the death

rate has been decreased. He further claims that the presence of such sanatoria has been the direct cause of an increase of population, and of an increase in the assessed value of the property in the vicinage.

A paper was read before the second meeting of the National Tuberculosis Association by Dr. W. H. Baldwin, of Washington, in which the effect of the presence of a tuberculosis sanatorium upon the value of surrounding property was thoroughly discussed. In this paper some fifty-nine institutions were asked to report upon the effect of their presence upon the land values in their neighborhood, in but four instances was the report made that there had been any detriment to the sale of land, while in thirty-four instances land values were increased.

It is an interesting fact that the presence of a tuberculosis sanatorium attracts population, a village soon grows up near it, and where population increase, land value increases. It is plain enough that there are localities where any public institution would be a detriment to land values, but there is no question but that the educational influence of a tuberculosis sanatorium is of great benefit to any community, in that its influence in teaching, both doctors and people the proper methods for the care of the tuberculous and of their sputum is far reaching.

I want to speak, in an aside right here, of the value of a special hospital for the care of tuberculosis patients as compared to a general hospital, or even a special ward in a general hospital. You cannot enforce the special discipline necessary for the care of the consumptive either upon the doctor, nurse or patient in a general hospital. Our experience at the Orange Memorial Hospital, where we had a special tuberculosis ward for several years, taught us that it is possible for tuberculosis to be contracted in such wards by those attendants who do not appreciate the necessity of great care and faithfulness to the details of their technique; we found it necessary to keep pupil nurses out of the wards, and to depend on specially trained nurses.

While we are discussing this subject of training it should be emphasized that it would be well if every consumptive could be compelled to go to school at a sanatorium for the purpose, not only of being taught how to take care of himself so as to have the best chance to get well, and how to take care of his sputum so as not to be a source of infection to others, but also to be filled with the *esprit du corps* that will ensure that faithfulness to detail that is so essential in caring for such causes of disease. Nowhere else than in a properly conducted sanatorium will he find such things taught.

Dr. English, at our own State sanatorium, in a personal letter says:

"It is very difficult to hear any sanatorium directors relate any authentic cases of tuberculosis having developed among the nurses or attendants of a sanatorium. This has been discussed at many meetings of the Medical Sanatorium Association. It is often the case that persons who have previously been advised that they have a tendency towards tuberculosis, in the majority of cases meaning actual disease, have secured positions in tubercular institutions or hospitals and later endeavored to make it appear that the disease was contracted in the institution. Many institutions now endeavor to examine as many employes as possible for self-protection.

"Personally I am of the opinion that one is decidedly better off in an institution well regulated than they would be in the crowded city establishments where no precautions are taken, and in which institutions are undoubtedly many cases of open tuberculosis. Within the past two years I have known of one case in which an employe of a general hospital contracted tuberculosis and endeavored to bring charges against the institution, claiming that if proper precautions had been observed she would not have contracted the disease. Further investigations showed that this employe had tuberculosis before she ever entered the institution.

"There is, of course, a great deal of fear among even physicians, nurses and laymen, in view of which the majority of tubercular institutions endeavor as far as possible to secure their entire staff of either cured or arrested tubercular patients."

From Saranac, Dr. Edward R. Baldwin writes me:

"Of course there are a great many reasons why people in this particular town, now rated at about 5,000 population, should not be especially endangered by the presence of tuberculous patients. In the first place the patients are nearly always intelligent and cleanly. They are subject to control and willing to do their part to observe the spitting laws. They nearly always know that they have the disease, whereas in other towns of the same size there is a large proportion of ambulant

tuberculous patients who go on a long time without being advised of the nature of the disease, and not only that, but even avoid a physician for fear that they will be discovered. Then we do not have any manufacturing industries here with the population of that kind.

"I might have added that there is no fear of the sanatorium or hospital here among the townspeople, except where they have listened to some person who has warned them of terrible danger, and who got their alleged facts from some ignorant or prejudiced physician or health officer."

The object of the Council in having this subject discussed before you is to combat as far as possible the fear of the establishment of these county sanatoria and hospitals in our rural districts. Either singly or by joining with a neighbor county it has become incumbent upon all the counties of our State to establish such institutions, and the decision as to their location finally rests with the State Board of Health.

It is not at all improbable that there will be much objection raised when such decision is made. It should be the duty of this Association to assist in disabusing the public mind of any fear of such institutions, and to join heartily in the campaign of education which has already gone so far in establishing in the minds of our health authorities their responsibility, and the opportunities which they have under present laws to limit the spread of this great scourge.

CHOLECYSTIC VERSUS DUCDENAL AND DUODENAL VERSUS CHOLECYSTIC DISEASE.*

By JOHN B. DEAVER, M. D., Sc. D., LL. D.
Philadelphia, Pa.

It is unfortunate for mankind that the abdomen has at its disposal so few major symptoms in which to express the presence of its many maladies and the still more numerous pathological alterations thereby induced. Pain, nausea, vomiting, jaundice, tenderness, rigidity and palpable mass sum up the local evidence upon which at least nine-tenths of all abdominal diagnoses must be made. It follows naturally that differentiations must depend chiefly upon the variations met with in the manifestation of these symptoms, such as frequency, periodicity, onset, predisposing cause, location, severity, order of appearance and degree. When these characteristics are carefully sought out and supplemented by the addition of a longer list of lesser and occasional characters, together with the systemic reaction and condition a diagnosis usually becomes clear. Such ar the variations, however, in the manifestations of any abdominal disease that it is necessary for the diagnostician to possess a wide acquaintance with the possible phenomena of abdominal disorders, if he would hope to recognize the pathology underlying the countless complaints from patients suffering from the ills so long lumped together in the dispairing word, "dyspepsia." A knowledge of classical pictures falls far short of the necessities of actual practice, just as any composite picture resembles none of the individuals from which it was made up.

Any discussion of the diagnosis of upper abdominal disease is best appreciated by those who have opportunities of studying this class of cases at the operating table. Diagnosis, rather I should say, attempted diagnosis, by means of the X-ray or fluoroscope is becoming a popular method with many. This can at best give but a hazy idea, in fact, I am in the habit of speaking of this method as one which often distorts facts. X-ray and fluroscopic examinations will show shadows, the position and outline of the organs, and after the bismuth meal, angulations and points of arrested peristalsis, but this does not show the origin of the lesion. I do not wish to convey the idea that I do not always take advantage of the Roeentgenologist's skill, for I do, and set much store in his findings, nevertheless with this aid we are too frequently still in doubt. With the abdomen wide open in the presence of dense adhesions it may be difficult to reach a definite conclusion, and, if this be so, what can it be with the abdomen closed. The X-rayists make much of the finding of adhesions in the upper right abdomen, showing the pylorus hooked up and the duodenum obstructed, which information is received by the internist and that modern medical gentleman, the gastroenterologist, with considerable eclat. The diagnosis of adhesions, if the history has been carefully taken and the patient thoroughly examined, is usually not a hard matter, the difficulty in the particular case being in determining their origin, therefore the X-ray under these conditions has been of little if any value except so far as the phy-

*Read before the Associated Physicians of Montclair, N. J., and Vicinity, January 27th, 1912.

ic effect upon the patient. I have many imes opened the abdomen when the X-ray had found pathology but which was not in evidence when the parts had been exposed o the light of day. The abdominal walls an be transparent only to those who have made many excursions through them in he study of the abdominal viscera in the iving. The differentiation of cholecystic rom duodenal disease is by no means only possible and is frequently difficult, therefore, the title of this paper; "Cholecystic versus Duodenal and Duodenal versus Cholecystic Disease."

Difficulties in diagnosis of upper abdominal diseases are engendered largely by the close anatomical relationship of the important organs of that region. A silver dollar placed upon the epigastrium slightly to the right of the median line may cover the gall bladder, the terminals of the bile-ducts, the head of the pancreas, and that portion of the duodenum which is most susceptible to disease.

Functionally the duodenum, the biliary apparatus and the pancreas are excited into activity almost simultaneously by the arrival of chyme into the duodenum from the stomach. In health the reflexes and hormones unite to produce harmonious action. In disease, disturbing reflexes are set up, thereby distroying the harmony of function and giving rise often times to symptoms which are not directly related to the primary disease, producing not infrequently an inextricable array of non-distinctive symptoms, the interpretation of which is puzzling in the extreme. To express this community of interest, which exists in the upper abdomen, I have at times referred to the gastro-duodeno-hepato-pancreatic system rather than to call each organ by its individual name which creates an impression of isolation of the organs that is not based upon conditions as we find them in life and living pathology.

The typical subject of gallstones or cholecystitis is a stout middle aged woman, and may be epitomized as "fair, fat and forty," and belching gas-gallstones. The typical subject of duodenal ulcer is a male, slightly younger, who has been subject for years to indigestion. These characteristics, however, can give hardly more than a slight hint as to the diagnosis, for as is well known both diseases attack both sexes, and are not uncommon in earlier or later years than the decades of maximum incidence. Duodenal ulcer, particularly, may be found even in infants, as was shown by Helmholz's work in demonstrating that ulcer of the duodenum was a not infrequent cause of melaena neonatorium. In a personal case duodenal ulcer was found at autopsy in a man aged 82 years who died of acute perforation without operation.

For the differentiation of these two affections a careful history is a prime requisite, and that portion of the history which is most important is that which relates to the earliest manifestations of the disease. The symptoms of duodenal ulcer, the most common pathological condition of the duodenum, usually develop in a very orderly and characteristic sentence. Beginning perhaps with only slight discomfort after meals, with a feeling of fullness and tightness in the epigastrium, it is very seldom noticed by the patient that there is a very constant relationship between his discomfort or pain and the ingestion of food. So uniform is the time of appearance of pain that the sufferer developes into a prophet and can foretell accurately at what time his pain will appear. He observes also that the taking of food, or an alkaline substance, will quiet the pain and often he provides himself with a cracker, a glass of milk, a hard boiled egg, or else a preparation in which sodium bicarbonate or the sub-carbonate of bismuth is the chief ingredient, against the time when he expects the pain. The pain also is at first chiefly remarked after the main meal of the day. If at noon, he learns to expect discomfort in the middle of the afternoon. If he partakes of a fashionable dinner in the evening he will pay by being awakened during the night. The pain appears on the average about two hours after the meal, but it may appear in an hour, or be delayed five or six hours. In any event it is quite uniform in its appearance. A liquid diet tends to cause earlier pain than solid or mixed food, and the heavier the meal the greater the delay, but the more marked the symptoms and the longer the duration. The importance of inquiring particularly into the early stages of the disease is to be found in the fact that after a time this perfectly regular and orderly sequence of events may be much altered and the diagnosis correspondingly obscured. I have in mind a patient with whom I have been in touch as a spectator for over two years who at first gave the most beautifully characteristic history of duodenal ulcer but now after two medical "cures" still has indigestion but of such a type that no one

could tell from the symptoms alone to what lesion to attribute it. The change in the character of the symptoms may be due to the implication of other related viscera, to the advent of pyloric stenosis or infiltration interfering with its normal activity, or frequently to the formation of peri-duodenal or pyloric or cholecystic adhesions.

Another striking feature of duodenal ulcer is its greater activity during cold weather. Whether it be the change in diet, due to the seasons, or the influence of congestion of the internal organs induced by external cold, or for some other reason not understood, it is true that ulcer symptoms come oftenest and are of greatest intensity during the winter months. I believe this is due to chilling of the surface of the body and not to indiscretion in diet. I think this is further borne out by the fact that during the period of the Brandt treatment of typhoid fever more cases of intestinal hemorrhage were observed, probably, on the same principle being due to chilling of the surface of the body. No such season influence is apparent in disease of the gall-bladder, nor is periodicity or regularity of attacks met with in cholecystic disease to the same degree as duodenal ulcer. The taking of food may, however, be provocative of pain in cholecystitis as in the following case.

A. K., male. Admitted to the Hospital 5-30-10. Complained of indigestion and pain in epigastrium.

Present illness had lasted for over a year. Burning pain in the epigastrium, relieved by eating. Pain occurs from three to five hours after meals, belches. Has lost 15 pounds in the past year. Is constipated and had been jaundiced. No attacks of colic.

Physical examination, negative. Pain in epigastrium on pressure, no rigidity. Tenderness over appendiceal region. Operation: The pancreas was found hard and thickened. The duodenum was normal. The gall bladder was distended. Cholecystoduodenostomy and appendectomy were performed.

Examination of stool, negative. Examination of stomach contents: Free hydrochloric acid 30. Total acidity 78.

Moreover, as Moynihan has so well pointed out in his masterly address on the inaugural symptoms of gallstones, in the early formative stage of gallstones the patient complains of a fullness, weight and distension or oppression in the epigastrium coming on soon after meals, within half or three-quarters of an hour relieved by belching and dismissed almost on the instant by vomiting, elicited with reasonable constancy by certain articles of diet, especially those of a greasy nature. It is not commonly the case however, that the patient remarks this relation to food in gallstone disease, since it occurs chiefly in the earliest stages of the disease and is forgotten or obliterated by the more severe attacks occurring later in the progress of the disease, which as a rule have no such regularity of appearance as is observed in duodenal ulcer.

Both diseases may be mild, non-characteristic and almost latent in character, but when ulcer is the lesion, careful observation will almost invariably reveal a regular sequence of events that is most suggestive. That this also is not invariably true is shown by the following case:

A. P., female, aged 49 years. Admitted to the hospital Jan. 7, 1913. Complaining of pain at Robson's point, with anorexia, constipation, vomiting and loss of weight.

Present Illness.—Since March, 1910, has had attacks of very sharp pain, radiating to back. Attacks lasted a few weeks, at times very severe. Patient lost her appetite and was constipated, and vomited off and on. Pain is sharp, gnawing and constant in region of gall bladder and in epigastrium.

Physical Examination. — Excruciating pain in region of pylorus and lesser curvature. Some pain all over epigastrium with soreness about unbilicus. Gall bladder not palpably enlarged. Stomach outlined 2 cm below umbilicus.

Operation.—Stomach found normal, gall bladder somewhat enlarged but not diseased, tied down by adhesions to under surface of liver. Chronically indurated duodenal ulcer adherent to gall bladder. Duodenum ruptured at side of ulcer. Ulcer closed, duodenum plicated and posterior gastroenterostomy performed.

Laboratory Findings:—

Urine, negative; Blood count—Hem. 75; R. B. C., 4,750,000; W. B. C., 13,400; Poly., 80; Lymph., 12; L. mono, 8.

Test Meal:—Occult blood, negative; bile—very faintly positive; free HCl., 22; total acidity, 35.

Stool.—Bile, very positive; Occult blood, strongly positive, to benzidine and guaiac.

X-ray.—Irregular shadow in right hypochondrium situated near pylorus. Moves

ery slightly (if at all) with deep inspiration.

The attacks of simple cholecystitis or holelithiasis may at times be precipitated apparently by dietetic indiscretions but there is no such orderly recurrence from day to day as in duodenal disease. Yet the typical "hunger pain," of which Moynihan has written, may be simulated by gall bladder disease. Hunger pain as applied to duodenal ulcer is nothing more than the characteristic pain which is so long delayed that it seems to appear premeal and therefore is first noted when the patient begins to be hungry. Now in cases of inflamed gall bladder this organ is at rest during the process of digestion, since the bile is flowing down the common duct into the duodenum to fulfill its function in digestion. When, however, towards the end of digestion, the physiological demand for bile in the duodenum ceases the secretion is no longer passed freely through the papilla of Vater but backs up into the gall bladder. By putting the inflamed walls of this reservoir on a tension pain is engendered. This occurrence is, however, of minor constancy as compared with the "hunger pain" of ulcer.

Abrupt onsets of pain and equally rapid disappearance are characteristics of gall bladder disease rather than of duodenal ulcer, though it must be said that abrupt beginning and cessation of pain is not unknown in the latter affection.

The pain of ulcer, aside from perforation, rarely is of great intensity. It is dull, grinding, boring, at times sharp and lancinating but rarely agonizing. The pains of cholecystitis and cholelithiasis, on the contrary, are not infrequently sharp and unendurable. Yet many instances of cholecystic disease never cause more than minor disease so that it may be said that pain of maximum intensity in the upper abdomen is more likely to indicate gall bladder disease than duodenal disease, yet the reverse is not true.

In cholecystitis there is often a subcostal "catch" during inspiration that is seldom seen in ulcer. The radiation of gall bladder pain is well known and any upper abdominal attack that is accompanied by pain in the right scapula points very strongly to disease of the gall bladder. Ulcer pain likewise may be felt in the back, but it usually is near the median line, just to one side or the other of the vertebral spines.

Vomiting, let it be emphasized, is not a symptom of great importance in either of the two conditions. Many failures in diagnosis can be attributed to lack of appreciation on the part of the physician of this fact. It is true that typical gallstone colic or the more severe manifestations of ulcer or even perforation commonly occurs without initial vomiting. Certainly during the later stages of an unrecognized and unoperated perforation, vomiting occurs as a terminal symptom of peritonitis. Those who are interested in saving life take less interest in terminal symptoms than do the compilers of text-books. As a differential point in the diagnosis of duodenal and cholecystic disease, therefore, nausea and vomiting occupy a subordinate place, and particularly must be abandoned the idea of securing a history of the vomiting of blood in duodenal ulcer. Hematemesis in duodenal ulcer is also too frequently a sign of approaching dissolution rather than a symptom of diagnostic import. It indicates an old calloused ulcer, which by slow degrees has worked its ways into the lumen of an artery, commonly the pancreatico-duodenal. Under these conditions the wall of the artery is sclerosed, inelastic, and is incapable of spontaneous retraction and contraction. Hemorrhage is apt to continue until fainting or death ensues, and if recovery occurs, recurrence is altogether likely. Only when blood is poured out in massive quantities into the duodenum does it pass back into the stomach to be vomited. As Moynihan has well said, "To diagnose duodenal ulcer by hematemesis is like the diagnosis of pregnancy by a ruptured perineum."

Blood in the stool occurs quite regularly in duodenal ulcer. Fairly large hemmorrhages at times occur without the patient being aware of what is transpiring. Inquiry may develop the fact that he has had one or more attacks of faintness and breathlessness, with dark spots swimming before the eyes, and his friends may have remarked his pallor. This is not usually volunteered in the history but may come out upon inquiry. Subsequently he may have noticed that his stools were tarry in appearance though he may deny ever having observed blood in his motions. Still more often blood is present only in minute quantities recognizable by the tests for occult blood. Probably every case of duodenal ulcer, if followed for a sufficient length of time, would eventually yield a positive test for occult blood, but in the time during which they are under sufficiently close observation only about thirty or fifty per cent.

of these patients in any series of cases will give the reaction.

It should be remarked that the mere finding of occult blood in the stool by no means settles its point of origin. Patients with cholecystic disease will at times give the reaction owing to ulceration lower down in the tract or to some other indeterminate lesion. Haematemesis is an occasional occurrence in gall bladder disease.

Now jaundice when present, or reported to have existed previously, is a weighty argument in favor of biliary disease. Still as it never occurs in at least seventy-five per cent. of cases of gall bladder disorders, its absence does not point strongly to the absence of that condition. Moreover, it is not unknown for duodenal ulcer to co-exist with catarrhal jaundice.

Disease of the biliary tract is more commonly accompanied by more or less systemic reaction than is an ulcerative process of the duodenum. Absorption from the open surface of an ulcer is relatively slight. It often is distinctly noticeable in inflammation of the biliary passages. Slight chilliness or rigors or a slight evening rise in temperature is indicative rather of cholecystic than duodenal disease. The leucocytes also may be somewhat increased in the former condition. Leucocytosis is common also during exacerbations of ulcer symptoms due to inflammation of the adjacent tissues. An icteroid tint on the skin or sclerae may be observed in biliary disease at times when no frank jaundice is present.

Eructations of gas are common in both conditions. In ulcer acid eructations and "water brash" are frequent. Hyperacidity is present almost invariably at some time in the history of chronic duodenal ulcer. It is especially marked during exacerbations of symptoms. Moynihan has found this sign of so great constancy as to declare that "persistent recurring hyperchlorhydria *is* duodenal ulcer." My own experience coincides with this statement with the qualification that a single analysis is not sufficient to generalize upon. It is not so uncommon to find moderate hyperacidity with gall bladder disease, though more often hypoacidity is present. I have also observed subacidity in duodenal ulcer. Notwithstanding the exceptions it is clear that hyperacidity is a very constant feature of duodenal ulcer and is so characteristic a sign that all cases hitherto denominated as hyperacidity and considered as secretory neuroses should be subjected to the closest scrutiny with the possibility of ulcer in mind.

One who has carefully developed the history in reference to the above points will frequently be quite independent of the physical examination. This is fortunate for it is seldom that the physical examination aids us in distinguishing these lesions. A gall bladder may be palpable—usually not. Tenderness in the epigastrium is an elusive sign and is present often in both conditions. So close are the gall bladder and duodenum moreover that topical diagnosis is but little aided by palpation. Tenderness is sometimes lower down or further to the right in gall bladder disease than in ulcer. The right rectus may or may not be stiffened in both conditions. During an exacerbation some rigidity is commonly present. Murphy has called attention to a helpful sign in the diagnosis of cholecystitis in the following words: "The most characteristic and constant sign of gall bladder hypersensitiveness is the inability of the patient to take a full inspiration when the physician's fingers are hooked up deep beneath the right costal arch below the hepatic margin. The diaphragm forces the liver down until the sensitive gall bladder suddenly reaches the examining fingers when the inspiration suddenly ceases, as though it had been shut off." Head's zones, the areas of cutaneous sensitiveness induced by visceral disease have been of no help to me and I can say the same of the so-called Boas' point in the back, said to be a sign of ulcer. The nutrition of the patient is of little help, for while it is occasionally the case that an ulcer patient starves himself, in general they are surprisingly well nourished. As a rule, however, gall bladder disease occurs more commonly in the fat than in the lean.

Certainly for those interested in diagnosis there can be no more fascinating problem than such differentiations of upper abdominal disease. Our only caution should be not to be differentiating while we should be treating. The period of time given to diagnosis and medical treatment should have some rational limitation. I do not advocate precipitate operation in the cases of lesser degree. I do maintain, however, that these patients have a right to be cured and that when it becomes apparent that disorder of either the gall bladder or duodenum have become chronic, relapsing or recurring, that the time has arrived to resort to surgery. The physician must no longer flatter himself that he has cured a duodenal ulcer when he has only assisted in a minor way in permitting it to follow

ut its natural course of remission of symp-
oms only to be followed by an exacerba-
ion. The readiness with which the gas-
roenterologist proclaims a cure of ulcer
fter acute symptoms have abated, the ul-
er being still present, has led a noted sur-
eon to say that such ulcers should be
perated upon after they have had nine
nedical cures. It is not in every condi-
ion that the surgeon can so confidently rec-
mmend to his medical colleagues so satis-
actory and curative a procedure as drain-
ge for biliary inflammations and gastro-
nterostomy for duodenal ulcer.

SOME ETHICAL PROBLEMS CONFRONTING THE EYE, EAR, NOSE, AND THROAT SPECIALIST.*

By Linn Emerson, M. D.,
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A recent editorial in the Saturday Evening Post says:

THE UNREMUNERATIVE PROFESSIONS.

From a high authority, President Pritchett, of the Carnegie Foundation we learn that the medical profession scarcely pays now and tends to pay even less. It is becoming more and more a profession to which men give themselves from ideals of public service, recognizing that the average practitioner is to obtain little more than a comfortable living, and in many cases not even that.

The parent who seeks for his son a remunerative occupation should look elsewhere.

Everybody knows that teaching does not pay and preaching pays still less; while literature, if you measure the total bulk of time expended against the gross receipts, represents a positive deficit.

There remains the law, in which a sufficiently agile youth may now and then overtake a fortune; but the grand prizes are very few and the average income is about equal to that of a good carpenter.

Thus, of the old professions, none pays. A diligent and skillful man may make a comfortable living and keep up the premiums on his life insurance. Why, then, do practitioners of the learned professions persist in trying to make them pay? How much they might simplify professional life by going in frankly for "ideals of public service" with a reasonable pension. Probably, as a matter of fact, there are more furtive Socialists among professional men than professed ones among the workingmen.

Ethics and morality are largely chronologic and geographic. The machine politics of the past two or three decades are now censured by all good citizens. The immoral conduct of the Mormans, the Turks, or the patriarchs would soon land one in jail in the State of New Jersey.

So has the ethics of medical practice changed in the past forty years, and even now there is a marked difference of the ethical standards of different localities, notably the city, and the country, and the East, and the West.

My preceptor maintained that there was no necessity for a code of ethics as the ethics of medical practice should be the same as that governing the relations of one gentleman with another. The question naturally arises as to what qualities entitle one to be called a gentleman.

"A gentleman is an individual whom all other gentlemen concede to be a gentleman," seems to be about as accurate a definition as we can secure. To love your neighbour as yourself, and to do as you would that others should do unto you is the ideal, but so far as I know no one on earth has attained such perfection save the Man of Sorrows himself.

The competitive spirit and the attempt to make the practice of medicine "pay" is the principle cause of the necessity of a medical code of ethics. This is fostered by the low standard of medical education prevalent in this country.

Up to two years ago we had in this country more medical schools than were to be found on the whole continent of Europe, a large number of these were purely commercial institutions with practically no standards, and were sustained chiefly by clever advertising methods. As a result we have a large surplus of uneducated ill-trained practitioners. We have four or five times as many physicians in proportion to the population as has Germany, or England.

The remedy is obviously higher educational requirements. The man who possesses a college degree before entering upon the study of medicine is much more liable to be imbued with the "ideals of public service" than the one recruited from the ranks of the "butcher, the baker, and the candlestick maker."

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*Read at the Niagara Falls meeting of the American Academy of Ophthalmology and Oto-Laryngology.

Dispensary and hospital abuse is another of the principal reasons why the practice of medicine does not pay. After an experience of many years I venture to say that at least one-third of the patients coming to the eye, ear, nose and throat clinics in our larger cities can afford to pay for treatment.

To be sure in many instances they cannot afford to pay the fees of the eminent specialists at the head of the clinic, whose services they expect to receive free of charge, but they can afford to pay the usual fee of the poor struggling junior who actually does their work in the treatment or refraction rooms.

In New York State a law has been passed making it a misdemeanor to apply for free treatment when the applicant can afford to pay, but who ever heard of an attempt at its enforcement. The reason is obvious. The hospital boards are made up of laymen and eminent members of our profession whose sole interest is to make the institution great. Patients are necessary and the fact that they are unworthy of free treatment is a matter of little moment.

After all, this is nothing more nor less than the survival of the fittest. The eminent members of our profession get most of the desirable cases in their private practice and treat the middle class and poorer work in their hospitals and clinics, without giving the slightest thought to the rights of their less fortunate brother.

The exclusive special societies will not permit their prospective members to designate their special practise in any public manner whatsoever, yet if Jno D. Robafeller has a cataract removed or Helen Gold an appendicitis the attending surgeons issue bulletins at almost fifteen minute intervals. As Lydston pertinently remarks no one in the medical profession is permitted to advertise except quacks, and eminent members of the profession. Is it any wonder that the under dog says the code is a fence erected by the big fellows to keep the little fellows out?

While many of my hearers may resent these plain words they are facts not to be gainsayed and we owe it to ourselves and our profession to give them serious consideration. I would urge every member of our profession who has "arrived" to keep fresh in his mind his early struggles and hardships, and to remember that the crumbs from his hospital "table" may be a living for some struggling young member of our profession.

The nationalization of medicine is suggested as a possible outcome of the doctors revolt against the Lloyd-George National Insurance act. Dr. Rentoul outlined before the British Medical Association at Liverpool a scheme for a public medical service, organized, controlled, and worked by doctors. He said he thought that the Government should make the employment of all doctors a branch of the civil service, adding that the nationalization of medicine was not as far off as some thought. The State or municipalities already appoint medical officers in the army and navy, under the Poor law in prisons and for lunacy and other institutions. The trend of the discussion which followed was generally in favor of Dr. Rentoul's suggestion.

It naturally goes without saying that the specialist should be governed by the same code as that governing the general practitioner and the code formulated by the American Medical Association should be carefully studied by every eye, ear, nose and throat specialist. There are, however some problems confronting the specialist with which the general practitioner does not have to deal.

The general practitioner must be licensed as such by the State before he may practice, but no such public safeguard restricts the specialist. Any person who chooses may call himself a specialist; the only restriction lies in the character of the individual.

There are so many pseudo-specialists that the first and most important ethical question every man should ask himself is "am I a real specialist; am I competent am I what I represent myself to be? If he cannot conscientiously give an affirmative answer he cannot ethically practice as a specialist, and should fit himself by further preparation.

Dr. M. M. Cullom, Southern Medical Journal, Feb. 1912, says: There is a time honored tradition in our profession that one shall only take up a specialty after years of general practice. With this I do not agree. The best time to take up special work is upon the completion of an interneship in a general hospital, the year following graduation.

The best answer to the doctrine of years of preliminary general practice is given by those men one sees in every large special clinic endeavoring to master the intrica-

ies of special work long after they have passed the age of receptivity and enthusiasm. The effort required of many of them to assimilate the simplest elemental facts is little short of pathetic.

A man should begin his life work before he is thirty, and the sooner he can begin after the necessary preliminary training the better. Years of preliminary practice would result, generally, in one of two things. A man would become so absorbed in his work if successful, that he would have no desire to change it. If not successful he would probably find the same experience awaiting him in another line of medicine. There are, of course, notable exceptions to this rule, but generally speaking, I believe it will hold.

I am a firm believer in the most rigid preparation; the ideal preparation is a collegiate course leading to a degree, followed by the four years in medical college, the year or two years in a general hospital, and then the special line, followed with all the earnestness and enthusiasm that a well trained mind can bring to bear upon it.

Dr. Hamilton Weir, in Northwest Medicine September, 1911, thus defines a specialist.

I consider a specialist to mean a graduate of a responsible medical school, a qualified licensed practitioner who has perhaps before, but certainly after graduation, further pursued the study of a certain branch of medicine or surgery, and who limits his practice strictly to that chosen department and refuses or refers to others, any and all practice not properly within his limited line. Further, one who refrains from prescribing outside his specialty even for patients under his care, if they are referred to him by a general practitioner, and who refuses under all circumstances, except possibly in emergency or in simple humanity, this without remuneration, calls or demands for general medical or surgical attention.

To this strict interpretation some may object, and it is probable that many who consider themselves specialists and are so accepted by the profession and laity, would fail to fulfil its requirements by a large margin, but I contend that any interpretation less strict would be unjust to the general practitioner and that its honest fulfilment is necessary to proper professional conduct, to the rights of both specialist and practitioner, and their attitude and service to the public.

I agree most emphatically with Dr. Weir in his strict interpretation of the province of the specialist, and to those who may plead for greater latitude I say not only is it right, but it pays. The general practitioner feels his practice is his own: his patients are the assets he has accumulated by a life time of work and devotion.

The criticism most frequently heard of the specialist is that he oversteps himself and treats the patient for some condition outside his special field or interferes with the treatment being given by the family physician. To be sure that is often owing to the failure of the patient to fully explain what is being done by the family physician. One or two of my gravest misunderstandings with general practitioners have been due to deliberate prevarication on the part of the patient.

I find it to the advantage of the specialist, the family physician and the patient, to have most cases complicated by syphilis, rheumatism, cardiac and renal diseases, arteriosclerosis, etc., treated by the family physician with the specialist seeing the case as frequently as is necessary in the capacity of a consultant.

While the specialist is occasionally guilty of infringing on the general practitioner's field the general practitioner is more often guilty of attempting to get on without the aid of a specialist.

In this particular instance the patient is the greatest sufferer. We often see otitis media from failure to recognize and remove adenoids, mastoiditis from neglected otitis media, glaucoma treated for two weeks with atropin, and posterior synechia following iritis in which no mydriatic was used.

We also see a constant procession of cases in which adenoids and tonsils have "returned" after their removal. When these cases occur in the practices of our friends and confreres who are daily sending us patients it often requires the greatest diplomacy to serve the best interests of the patient and keep the good will and friendship of the delinquent. The opinion prevails among general practitioners that the removal of adenoids and tonsils is a simple procedure.

Thus it may be readily seen that whether the specialist or the general practitioner infringes it is the specialist who suffers. To keep the good will of both the patient and the family doctor, the specialist must certainly be as wise as a serpent and as harmless as a dove. The general practitioner is

quite independent of the specialist, so can easily take the risk of offending him, whereas the specialist must be most careful not to offend the family physician.

A child with catarrhal otitis due to adenoids is sent by the general practitioner who does his own adenoid and tonsil operations. If the specialist is unwise enough after making the diagnosis to go ahead and arrange for the operation he may find this man sending his subsequent consultation work elsewhere. On the contrary if a family who brings an adenoid case to you of their own volition, ask to have the family physician give the anesthetic, and you consent and arrange for the operation, what is your chagrin a few days later to learn that he is to operate, *or has already performed the operation.*

How do you retaliate? By smiling and looking pleasant; you can not afford to do otherwise. I of course understand that these conditions obtain more in the smaller cities, such as the one in which I practice, and that in the larger cities the specialist is more of a free lance and considers everything that comes under his observation fair game with less consideration for the family doctor unless the case is a referred one.

Many specialists are very careless in reporting on referred cases. This is a courtesy to which the family physician is entitled. I have a space on my record cards for the name of the physician by whom the patient is referred and when a written report is made it is checked the same as in posting accounts. Patients often fail to state by whom they are sent unless explicitly asked if they are sent by some physician. Many physicians have expressed gratification at this practice and one man told me recently, "If I send a patient to you and I do not hear from you I know he has not followed my advice."

In special as in general practice we are sometimes justified in deceiving a patient. In cases of incipient cataract in the aged it would often be positive cruelty to tell the patient that he has a cataract. It is, however, wise to protect yourself by informing some member of the patient's family, and even then one sometimes comes to grief and is rated as incompetent, when the patient goes somewhere else and is told the truth. In rare instances one is justified in "lying like a gentleman" and assuring the patient they are not suffering from the malady which is present.

It seems scarcely proper that I should close my paper without a word on the subject of accepting or giving commissions.

This subject has been so thoroughly discussed that words seem almost superfluous. It would seem that every honest and fair-minded man would appreciate the chain of possible evils that might follow this most reprehensible practice, but I blush to say that it exists to a considerable degree. It is but another way of attempting to make the practice of medicine pay disregarding the patient's welfare.

The specialist is accused of being narrow and seeing the world through a tube. The oculist gives everybody glasses, the rhinologist cuts or saws at your nose, and the otologist is over-hasty in performing a mastoid operation.

Let us be conservative, putting ourselves in the patient's place and asking what we would have done to ourselves or our loved ones under similar conditions and making the patient's best interest the paramount issue at all times.

THE DIAGNOSIS OF INCIPIENT PULMONARY TUBERCULOSIS.*

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It is with pleasure that I present for your consideration these clinical observations on incipient pulmonary tuberculosis. The subject, trite and hackneyed as it may seem, is of the greatest clinical importance to the internist and general practitioner. Expert knowledge and a fairly large experience alone warrant one to pass judgment on many cases which may or may not be tubercular. The average physician in many instances does not have the necessary opportunities to see enough of the early cases to enable him to appreciate the often subtle and variable physical signs which are of the greatest diagnostic significance. It is expert work and requires careful training. This fact must be emphasized and appreciated by the men in general medicine, otherwise we face an awful indictment. It is a common experience at the Sanatoriums for incipient phthisis to have cases referred as incipient, prove on examination to be moderately, even far advanced. Beach[1] at the Oakdale Sanatorium, Iowa, states that but 25.56 per cent. of 90 cases sent there as incipient prove to

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e diagnosed correctly. Hawes[2], of Boston, vestigated the history of 500 patients at e various Massachusetts Sanatoriums. wo hundred and fifty-eight were told ey did not have consumption, 73 were ld they had bronchitis or grippe colds; 8 were informed that they were but run wn and needed a rest, and 48 that they d a spot on the lungs or weak lungs. hese 500 patients visited 1,128 doctors in rder to get a diagnosis and then 148 waitd over a month and 46 were never told of eir condition. Dr. Richard Cabot[3] in the iscussion which followed the reading of is paper stated, that in his opinion 98 er cent. of the general practitioners were ot capable of diagnosing the disease in its ncipiency. With these facts in mind, my lea is for the general practitioner to refer ll cases in which there is a shadow of oubt, and all cases for corroboration of dignosis to the man who is making a special tudy of the disease and whose training varrants confidence. However, the bulk of he cases are for the diagnostic skill of the an in general medicine and it is to draw ttention to the important salient points necssary to appreciate the insidious developent of tuberculosis and diagnose the conlition that this paper deals.

The necessity for an early diagnosis is eyond question and the basis of an adeuate consideration of a given suspected ase is a carefully taken history. I know f no history taking in clinical medicine o important and vital. The family history s of more importance than some clinicians onsider. The patient should be most thorughly questioned. As Norris[4] well says: "It will not do merely to inquire if any of is immediate family have died of tuberulosis and be satisfied with a perfunctory es or no. He must go into details and by areful questioning it will often be found hat a death which had been ascribed to influenza, confinement, pneumonia, bronchitis, yphoid fever, was preceded by many nonths of ills; was accompanied by loss of weight, night sweats or hemorrhage; was, n fact, an unrecognized, or by a curious paradox on the part of our patient, purposely concealed tuberculosis." This familial history should be carefully investigated. The habits, personal hygiene, domestic surroundings and occupation should be minutely gone into. The previous history of the patient with regard to former illnesses is often very helpful. Protracted measles, influenza, pertussis, pneumonia, pleurisy, atypical typhoid or malaria, chlorosis, cervical adenitis, fistula in ano, repeated laryngitis and bone and joint disease all should arouse suspicion that we have been listening to the narration of either a predisposing tubercular condition or to actual tuberculosis. The hygiene of infancy and method is very important. Tubercular implantation should be sought for in all diabetics (Montgomery[5]) and all cases of asthma (Giffin[6]). In eliciting this history, we should spare no pains in trying to find out if the patient has been exposed to tuberculosis either at home or in business. A short description of the appearance and health of those with whom the patient is closely associated in his occupation is often most helpful as well as the history of the house in which he lives. All members of the family of any tubercular patient should at once have complete chest examinations.

After considering the past history of our patient, we must inquire most carefully into present symptoms and when first noted, ever remembering that constitutional changes may have been insidiously developing for many months and even years. While the toxemia of tuberculosis has a deleterious effect on general metabolism, this effect of toxins may be first clinically manifested by specific changes in the functions of an organ or group of organs. It is these early symptoms which demand the closest attention. In some cases they are so characteristic that by the correlation of two or more we may often arrive at our diagnosis even before physical signs may be obtained.

The most frequent symptom is cough. It is first noticed in 44.5 per cent. of 256 cases studied, reported by Coffman[7] of Ashville, and in 111 of 200 in our series, or 55.5 per cent. It may develop insidiously as an early morning cough, a bronchitis which does not clear up, repeated attacks of bronchial catarrh in which the cough continues and the supervention of chronic bronchitis or emphysema, or follow influenza and pneumonia. The cough is often dry, short and unproductive. Its persistency is of great importance, and it should be remembered that some never cough until the disease is moderately far advanced. The so-called "cigarette or stomach cough" should make us suspicious of tuberculosis.

Loss of weight was the initial symptom in 10, or 5 per cent. of the cases compared to 19.5 per cent. in Coffmann's series. This would undoubtedly be more frequently noted if people were in the habit of occasionally weighing themselves or observing their

physical condition. It is often impossible to determine just how much weight was lost or how rapidly, although some notice rapid loss of weight as their initial symptom. It is by no means uncommon to find cases that are robust, or even overweight. We recall one case of latent apical tuberculosis in a young man weighing 184 lbs., who had no symptoms and considered himself in perfect health. Besides loss of weight, 3 cases complained of extreme fatigue. These symptoms Coffmann noted in 6 per cent. of his cases. Three per cent., or six, of our cases sought medical advice because they thought they looked bad and were anaemic. While there is no evident relationship between chlorosis and tuberculosis, all cases of suspected chlorosis should have a careful chest examination. The haemoglobin index furnishes a rough test because in true chlorosis it ranges between 45 to 65, while in early tuberculosis it is seldom below 80 or 90.

The onset of some cases may be laryngeal, a more or less catarrhal laryngitis with recurring hoarseness and perhaps aphonia. This was noted in four of Coffmann's cases and in nine of mine.

Haemoptysis is often the first symptom which draws attention to the lung. It was present as an initial symptom in 12, or 6 per cent., of our cases and in 28 or 8 per cent. of Coffmann's. These results are remarkable, as it occurs more frequently than these figures would indicate. Edwards found it the only symptom in 16 per cent. of cases. Muller[8] states that was an early symptom in 170 of 875 patients at the Davos Sanatorium. It occurs generally in conjunction with other symptoms, but may be the first and only symptom which is noted. Time will not permit discussing the diagnostic significance of pulmonary hemorrhage. It is a good rule, excluding mitral stenosis and mitral disease secondary to aortic disease and bucco-pharyngeal lesions or abrasions, to consider all blood-spitting as tubercular in origin until proven to the contrary.

The relation of pleurisy to pulmonary tuberculosis is of decided interest. It is often a very early sign and may be the only one; occurring in 14.5 per cent. of the cases in this series and in 7 per cent. of Coffmann's. Concerning a "faint closely limited pleuritic rub" at the apex, generally due to deposition of tubercles, heard in 2 of 201 incipient cases of Lawrason Brown's[9], Allbutt[10] writes, "It is not far from an axiom to say that a streak of pleurisy audible at the apex means pulmonary tuberculosis." It may develop as a dry pleurisy per se following a bronchitis or with a sudden onset as in acute pleurisy with effusion. Price[11] says that "Dry pleurisy limited to the axillary region or base of one lung is undoubtedly often non-tubercular and bilateral dry pleurisy or one that is widespread over one lung is, in the absence of new growth probably tuberculosis, and quite 2-3 of the cases of pleurisy with effusion have the same cause, especially when, on microscopical examination of the fluid, the cells are lymphocytes in contrast to polynuclear leucocytes." Anders[12] thinks that three-fourths of the cases of sero-fibrinous pleurisy are of tubercular origin. In fact, most American clinicians consider the pleurisy cases with a tubercular basis are about 90 per cent. Cabot[13 58] looked up the records at the Massachusetts General Hospital and found that of three hundred cases of pleurisy, one hundred and seventeen died of tuberculosis at the end of five years. Osler[14] noted that thirty-two of one hundred and thirty-one cases studied, developed tuberculosis, while 38 per cent. of 90 cases of pleurisy with effusion observed by Bowditch[15] died of tuberculosis. These figures give an adequate idea of the etiological relationship, for, if roughly 1-3 eventually die of the disease, surely at least 1-3 more have been infected and recovered. Post mortem observations support this statement, as Landry[16] and Adami at the Royal Victoria Hospital, Montreal, found in 1,374 consecutive autopsies that 70 per cent. showed pleural adhesions and that in 52 per cent. of all necropsies the adhesions were tubercular in origin. In fact, 26.8 per cent. of the cases were definitely tubercular, yet showed no pleural adhesions. Landouzy[17] was evidently not far from the truth when in 1886 he said that all acute pleurisies are tuberculous.

The irritation of the gastric mucosa and peptic glands by swallowed sputum, the anaemia, or slight pressure of enlarged bronchial glands on the pneumogastric may cause gastric disturbances to be among the early symptoms. Anorexia, impaired digestion, inveterate dyspepsia, even nausea and vomiting may be troublesome factors. Symptoms referable to the gastro-intestinal tract were noted in 18 patients. Other symptoms than those just described are occasionally seen. In one patient the disease apparently started with chills and fever simulating a malaria. In other cases breathlessness, vague chest pains (often due to tuberculosis of bronchial lymph nodes)

melancholia, nervous irritability are indicative of tuberculosis. They were not observed in any of our cases.

Slight afternoon rise of temperature is of the greatest diagnostic value. In suspected cases a two hour record should be taken. It is well to take for a few times both mouth and rectal temperatures. I have noted, as not an uncommon symptom, greater difference between the mouth and rectal temperature than in any other disease. The mouth temperature may be normal and the rectal from 1 to 1 1-2 or even 2 degrees higher. In mouth temperatures taken out of doors, the thermometer should be kept in the patient's mouth from 5 to 10 minutes to insure an accurate reading. A mouth temperature of 99 and above, taken at rest, not post menstrual, persisting for several days is significant. A slight rise of temperature after exercise is normal, but when it does not drop to normal within an hour, tuberculosis is often the cause. Brown has shown in 75 per cent. of early cases there is pyrexia.

The Pulse—considered by Lawrason Brown[18] as of even more importance than the temperature, should be carefully noted. Early cases almost invariably show a rise ranging from 90 to 100. The slightest excitement or exercise often sends it disproportionately up. Tachycardia is not common. Acceleration of pulse may occur without rise of temperature. Blood pressure may be compartively low, but is generally about normal. In 62 cases studied with reference to this point it averaged 128 m.m. ranging from 90 m.m. to 145 m.m. The Tycos and Stanton sphygmomanometers were used. Brown has observed that "a much greater variation exists between the blood pressure in a reclining and in an upright position than in health."

The blood picture is not characteristic. In some the reds and whites are about normal and others are anaemic from the start. The haemoglobin is generally slightly reduced. Forty-three incipient patients at the Adirondack Cottage Sanatorium gave reds 5.618.600, H.B. 91 per cent., Leuc. 9.950.

Miller[21] found these results in incipient cases:

77 males, 92 per cent. Hb.; 68 males, 10.074 leuc.

68 females, 89 per cent. Hb.; 69 females 9.245 leuc.

The reds were slightly above normal.

In the differential picture Webb agrees with Craig[19] that the earlier the stage the more numerous are the lymphocytes and mononeuclears and the fewer are the polyneuclears. Myer Solis-Cohen[20] and Strichler studying 13 incipient cases found:

62.5 polys, 33.5 lymph, 2 per cent. mono., 1.5 t., 1.5 es.

Before considering the physical signs the usual sites of location of the primary tubercular focus should be investigated. Price locates them as follows:

1. In a great majority of cases the primary seat is from 1 to 1 1-2 inches below the summit of the lung. (Rather nearer the posterior and external border.)

2. A less common primary seat is the 2 or 3 interspaces below the outer third of the clavicle.

3. In the lower lobe from 1 to 1 1-2 inches below the summit opposite the fifth dorsal spine, midway between the spinous process and vertebral border.

Lawrason Brown[22] states that the most frequent sites are:

1. Just above or below the clavicle, 1 1-2 inches below the summit, rather nearer to its external or posterior borders.

2. Supraspinous fossa.

3. First and second interspaces below the outer third of the clavicle.

Pryor[23] says that infection started in the upper lobes and the upper part of the lower lobes in 95 per cent. of his cases and in other localities 5 per cent. While 90 per cent. are apical in their initial development, examination of the bases is important, especially when we are suspicious that tuberculosis is following pneumonia or pleurisy. Usually basic tuberculosis is secondary to an old apical lesion, but primary basic disease may rarely occur. William thinks that the right lung is more prone to secondary infection from the left, than the left from the right. Tubercular disease is also more likely to start in the right lung. Strandgaard[24] found it so in 53 per cent.—1,292 of 2,432 patients—of both sexes while Pryor observed apical infection in 60 per cent. of his cases.

PHYSICAL SIGNS.

It should be remembered that with a central lesion, thick pectoral muscles, or a small focus of disease, physical examination of the lungs may yield a completely negative result.

INSPECTION.

Inspection is of little value in early tuberculosis. Many chests are normal in contour and development. Few show asymmetry. The typical text book phthisical chest is generally indicative of advanced disease.

There may be noted a slight prominence of the clavicle on the effected side with slight atrophy of the scapulo-humeral muscles with deficient expansion of the apex. The pupils should be examined. Pupillary inequality, first noted by Fodor[25], was present in 15 of 181 incipient cases (Lawrason Brown) and in 3 of 130 of our series. Owen[27] lays stress on a heavy coated tongue excluding malaria and rheumatism. Prominence of the cutaneous venules of the upper thorax may be noted.

PALPATION.

The worth of palpation is but slight and is well summarized by Lawrason Brown[26] who writes, "Palpation has seemed to me to be of little value in those cases, except as an aid in determining limitation of movement. Increased normally on the right side is it difficult to detect a slight increase of the vocal fremitus if the lesion is at the right apex. When the lesion is at the left apex the vocal fremitus may be of more value. If it is equal on both sides it is probably increased on the left. In 94 cases with a lesion on one side, palpation was normal in 64, greater on the affected side in 23, and on the unaffected in 7. (6 on the left side.))

Pottenger's[28 29] palpation sign which exists in feeling the resistance in the muscles over the diseased area and making comparison with normal areas, is seldom noted in early cases. Harris[30] has recently called attention to a diagnostic tender spot located at the insertion of the levator anguli scapulae immediately above the tip of the superior angle of the scapula. Excluding rheumatism, neuritis, neuralgia and palpating the chest on both sides causes pain over the affected area. A few incipient cases in which we tried it gave negative results, although it was present in several moderately advanced cases.

PERCUSSION.

Percussion is of value in early tuberculosis to the man who is doing a great deal of chest work, but its diagnostic significance to the general practitioner has been overemphasized. Ewart, however, holds that by it the earliest changes can be detected. It is well to keep in mind the normal disparity between the two sides, especially the slightly higher pitch, the lessened vesicular quality and the diminished intensity of the right chest. Shortening of the percussion note, impaired resonance, even slight dullness may be the first change noted. It is the best plan to percuss during extreme inspiration and then again with breath held at expiration. Percussion should be at first light and then repeated with force to bring out tenderness or deep infiltration. It is well to remember, as Bonney[31] has observed, that in "beginning tuberculous infiltration at the apex tympanny is occasionally found, owing to the relaxation of the pulmonary structure," or the presence of a deep lesion. In 28 out of 201 cases of Lawrason Brown's percussion were negative while auscultation revealed some abnormal signs.

It is most important as Minor[32], of Asheville, has emphasized to map out the apical areas. In this way slight contraction of the apex of the diseased lung can be determined. Kroenig's[33 34] method, first published in 1889, deserves particular notice and is of the greatest value. Percuss from the middle of the lung above the clavicle and scapula toward the neck and shoulder. The width of the normal band of pulmonary resonance is then ascertained on both sides and it will be found to be less on the diseased side or interrupted by a band of flatness. A discrepency of two or more c.m. will generally indicate either healed or active apical tuberculosis. Impairment of the diaphragm excursion, which may be an early sign, can be better determined by percussion of the bases at the end of full inspiration and expiration than by observing Litten's sign. Of course, this impairment of the normal descent of the diaphragm occurs in diseases other than tuberculosis. Ewart[35] of London has most recently emphasized the value of determining the size of the area of oval interspinous dullness. This area is a sub-resonant area vertically between the first and fifth dorsal spines, averaging 110 x 90 m.m. In early tuberculosis the size of this area increases toward the affected side as the apical posterior resonance diminishes. Its value is yet to be proved.

AUSCULATION.

The diagnostic keystone is auscultation, for by it the earliest changes may be detected and in some cases the only abnormal signs. The chest should be carefully examined on both sides; first on quiet breathing followed by deep breathing, then during forced inspiration following cough and finally cough after deep inspiration.

The auscultatory changes are dependent on the extent of the infiltration, the number of the foci, the grade of the bronchi affected, the presence of mucus, and pleuritic changes. The breath sounds may be di-

rectly affected as observed in 64 of 130 incipient cases and in 40 per cent. of Brown's series. There may be a slightly roughened to faint broncho-vesicular breathing, or the sounds may be exaggerated, faint and diminished, or normal as in 26 of Brown's 107 cases. Expiration is often prolonged as was noted in 40 of 130 cases. Weak breathing is usually a later sign, although Taussig[36] thinks it is earliest.

The importance of interrupted, jerky, cog-wheel or wavy breathing has not been sufficiently emphasized. While it is not generally indicative of tuberculosis, I believe it is of much greater importance than is generally ascribed, especially when limited to one apex. Cardio-respiratory murmurs should be carefully differentiated. Increased whispering pectoriloquy is among the earliest of all physical signs. It will be heard either altered in quality or increased in lightness over the affected area. Sewall and Childs have recently investigated this sign and, pointing out its importance, write, "The whisper should be confined to about the inner half of the right apex. The persistence of the whisper down along the borders of the sternum is suspicious of disease, and isolated areas of prolonged or intensified voice or whisper are certain evidence of physical abnormalities in the chest. If widely diffused, conducted in an isolated area or prolonged, it is significant of pulmonary infiltration. On the left, bronchophony is higher pitched and less intense and is apt to reach not so low as in the right. Whisper on the left is normally confined to the upper inner corner of the apex. A bronchophony ever so slightly metallic and echoing, rendered more distant and nearer by pressure, denotes a pathological condition of the lung. A whisper distributed unduly widely, especially if prolonged, signifies the same thing. The determination of slight increase of vocal resonance and fremitus is difficult to detect and of little value in incipient cases.

Eliciting the presence of rales is of great value; occurring in 70 per cent. of all cases. If many rales are heard during ordinary breathing, even in a limited area, the case is generally no longer incipient. It is the rales that are present after the inspiratory or expiratory cough that are important for an early diagnosis. While on deep breathing we may hear an occasional click or rale; during or directly after cough there is often a marked increased in the number and clearness with which they are heard. Bonney[37], of Denver, says that "Persisting sharply localized unilateral rales" may usually be regarded as pathognomonic of tuberculosis. A rale due to tuberculosis present before cough is always present after cough and generally persists. This is not true of rales due to a partial atelectasis. Rarely the first auscultatory sign may be the presence of rhonchi or bubbling moist rales. Their size is of no importance. They may be small, medium or coarse and dry or moist.

Less importance is daily being laid on the finding of the tubercle bacilli. Brown[38] finding bacilli in but 26 per cent. of 76 incipient cases, and in 71 (35 per cent.) of 201 incipient cases in another series. The greatly exaggerated idea of the importance of finding the bacilli before diagnosis is made has done immeasurable harm. As Price[39] says, "It is necessary to have some breaking down of a tuberculous focus and a communication between such a focus and a bronchus in order to give rise to bacillary sputum, and this may occur in only a comparatively late stage of the disease." Some observers even go so far as to claim that only non-bacillary sputum cases are incipient. However, as their presence is proof positive and clinches the diagnosis, careful search should be made and repeated examinations. If possible, the bacillary contents of the sputum should be concentrated by either the Uhlenhuth's[40] antiformin method or one of its modifications, preferably Schulte's[41] or Boardman's[42]. Elastic tissue is probably never found in sputum of early cases. I think that Roger and Levy-Valensi[43] albumen reaction has an important relative value. In 1909 these observers published the results of their researches and show that albumen is present in tubercular sputum and absent in bronchitis, emphysema and rhino-pharyngitis. Pneumonia, bronchial pneumonia, pulmonary edema and gangrene should be excluded. They report 1,374 cases studied with 100 per cent. positive results. In America, Fishburg[44] found it in 97 per cent. of cases as did Brown and Ross[45] in all of their 116. I have tried it in cases of chronic bronchitis, emphysema and tuberculosis, and find it to be of considerable negative value. Its main objection in early cases is that it is difficult to get the necessary amount of sputum. There are, as Eiselt's[46] analysis show, no albuminous substances in sputum that are pathognomonic of tuberculosis. It should be remembered that in doubtful cases with negative sputum the stools should be carefully examined as the bacilli may be found there.

Tuberculin subcutaneously is seldom used for diagnostic purposes, although of value in selected cases. The Calmette and Moro tests are practically never used now in this country. The Von Pirquet reaction has a positive value only in cases under 8 years of age, but should be used in all doubtful cases. Its value is a negative one. Perhaps the best of the tuberculin tests for delicacy is the giving minute doses of Koch's Old Tuberculin intradermicaly by hypo according to the method of Mantoux and Monti[47]. Evans and Whitney[48] found it a valuable method of differentiating a healed tubercular process from a beginning active lesion, because minute and exact doses can be used. The opsonic index is of but little value except to the laboratory worker.

The importance of skiography in the early diagnosis is still much disputed. Many clinicians hold it useless and a few value it highly. Unquestionably in the hands of an expert specializing in that field of radiography and with the co-operation of an able internist, it is of great value in doubtful cases, especially in central lesions and diseases of the bronchial lymph nodes; but usually the tuberculous deposit is not consolidated enough to afford the proper structural field for its work. Recently reports are more encouraging. There is a peribronchial vascularization of the lungs in association with tuberculosis. The X-ray taken at the end of a forced inspiration clearly shows this condition. This congestion is denoted by thicker limbs and a dense aborization of the bronchial tree; so Sewall and Childs[49] assert the "Earliest pathogonomonic skiographic sign is the representation of the comparatively isolated areas of vascular congestion which increase independently of their connection to the central root." Cole[50] and others have demonstrated that tubercular foci begin at the root and spread to the parenchyma. Lepage[51] examining 120 children found the apex involved but 8 times, while the roots of the lung, including lesions of the bronchial glands, gave 34 negatives, 18 suspicious and 68 positive.

It is important to remember a few of the more common pitfalls in our physical examinations. A perfectly quiet room and a patient's chest bare to the waist is absolutely necessary to avoid error. The regional anatomy of the lungs and the normal difference in the physical signs between the two sides should be carefully kept in mind. The occurrence of louder, harsher breath sounds at the left base than at the right base must be remembered. Cabot[59] found this difference in 67 per cent. of patients examined. There are certain adventitious sounds which tend to confuse. Shoulder-joint friction, first mentioned by Gowers'[52] in 1876, and emphasized by Bushnell[53], Gee[54] and Lord[55], when heard in the supraspinous fossa has been frequently mistaken for pleural friction and evidence of apical disease. Perez[56] showed that the movement of the arms might elicit sounds over the upper thoracic walls, so the patient's arms should be kept quiet during the examination. These articular and muscular motor crackles should be differentiated if present. Mitral stenosis must be eliminated as rales are often associated. In emphysematous subjects, asthmatics, shallow breathers and the aged, the first few long breaths may produce crackling sounds due to a sudden distention of the air vesicles. Again let us lay stress on the value of the auscultatory cough; its value is well described in a recent paper by Garvin[57].

A diagnosis should not be made in the presence of one physical sign, but associated with distinctive symptoms is generally enough to warrant a definite opinion. Attention should be called to the illusiveness of the physical signs, as time of day, condition of the atmosphere, all may be factors in their temporary disappearance; thus the necessity of frequent examinations will arise in many cases. It should be impressed on the profession that there are a large number of the most baffling cases that need careful study and repeated examination before the disease can be discovered if our patients are to receive the lifesaving value that an early diagnosis gives.

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Clinical Reports.

CASE REPORTS HAVING A BEARING ON SURGICAL DIAGNOSIS.

By Frank D. Gray, M. D., Jersey City.

Case I. Mrs. A. D., married six years, primipara, aged 36; first seen by me on the afternoon of Jan. 31, 1913, at Miss Byrne's Hospital, in consultation with Dr. Wm. Meyer, who explained that he, that morning, removed a two or two and a half months' placenta from this woman's uterus, that the patient had applied at his office about one week previously, complaining of abdominal pain and some bloody vaginal discharge. She was wearing a large ring pessary which had been introduced by another physician. This Dr. M. removed and sent the patient home. Two days later on being called to her home he found evidence of an incomplete abortion. It was then four days before she consented to a curettage.

The patient, in my opinion, presented undoubted evidence of sepsis, with probably a general peritonitis. The abdomen was much distended and very tender; her temperature was 101 and pulse 140. She had showed alarming symptoms during the brief anesthesia necessary for the curettage. It seemed as if she was entitled to the possible benefits of an abdominal drainage, but her critical condition apparently prohibited anything beyond a posterior colpotomy, which I performed but was disappointed at finding neither pus nor serum on entering Douglas' cul de sac. An iodoform gauze drain was placed in the colpotomy incision and a soft rubber catheter was fastened in the uterine canal, through which 50 per cent. alcohol was to be constantly instilled; Fowler's position and Murphy drip were ordered, as well as strychnia and digitalin for the circulation.

The next day the temperature dropped to two figures, but the pulse rate remained about the same as before. During the following three days the temperature gradually rose to 101 in the morning and 103 in the evening. The abdominal distension was even greater than at first and tenderness very pronunced, especially in the right iliac region, where, in spite of the tympanitis I finally made out a considerable mass. This I naturally concluded was a pyo-salpinx, and notwithstanding the unfavorable condition of the patient for any extended operation, I decided to open the abdomen and remove the presumed tubal abscess.

On entering the peritoneal cavity I was surprised to find no peritonitis but a large quantity of blood clots and in the right tube a good sized hematoma instead of pus. The tube was unruptured—in other words there was a tubal abortion, coincident with an intra uterine abortion. At the present writing (10 days after the laparotomy) the patient is making a satisfactory recovery.

A correct diagnosis in this case would have been practically impossible without explorative laparotomy. At no time was there anything, except possibly the rapid pulse, to suggest concealed hemorrhage. The only symptom pointing toward an extra-uterine conception was a sharp attack of pain with some faintness a day or two after removal of the pessary, in other words in the early stages of an evident ordinary abortion, which would naturally be thought sufficient to account for the manifestation. Subsequently the entire symptomatology was that of an incomplete abortion with septic peritonitis.

While rare, cases of combined intra- and extra-uterine pregnancies are not by any means unheard of. Kelly mentions one in which both pregnancies went on to nearly term and both children were delivered alive —the extra uterine of course by laparotomy. He also cites cases in which twin ectopic pregnancies—one in each tube—have occurred, and one where triplets were extra uterine—two ova being intra mural and one in the ampulla.

Case II. This case was also an ectopic pregnancy, but in a very early stage and unruptured. The patient—Mrs. H., aged 25, no previous pregnancy, entered North Hudson Hospital with symptoms pointing to a mild appendicitis. Her pulse was 96; temperature 100.5. There was moderate right rectus rigidity and her pain and tenderness were referred to McBurney's point—not lower down. She gave no history of previous attacks of this sort and said that she was two weeks overdue with her menstruation—previously regular in that respect.

Operation revealed a fairly normal appendix, except for a slight kink about its middle and moderate clubbing of the distal extremity. Not being satisfied that such an appendix would account for her symptoms, I extended the right rectus border incision, which I always make in appendectomies, downward sufficiently to enable me to explore the pelvic organs, and discovered a small hematoma, about the size of the distal joint of the middle finger, in the outer portion of the right fallopian tube—in other words a small and unruptured tubal pregnancy, the removal of which, along with the appendix, resulted in a prompt recovery.

The lesson to be learned from this case is twofold; first, the wisdom of guarding one's diagnosis in cases of apparent appendicitis in females, especially those past puberty and with a history of menstrual irregularity. One sometimes finds a pathologic ovary instead of a diseased appendix; sometimes a pus tube or, as in this instance an ectopic pregnancy. I recently operated on a young woman, married one month, who presented quite typical symptoms of appendicitis and the case had been so diagnosed by two competent physicians before it was referred to me. Although I could find nothing to warrant my disputing that diagnosis an intuition, perhaps more than anything else, made me qualify my agreement and I stipulated that I should be free to remove whatever patholgy I might find on operation. This was fortunate for I discovered a normal appendix and a double pyo-oophero-salpingitis — removing both tubes and ovaries through the right border of rectus incision (Battle's or Kamerer's) which can so easily be enlarged to permit extensive exploration on operative procedure. The second deduction to be drawn from this case is the importance of not accepting, at operation, as a satisfying patholgy, a slightly abnormal appendix, as is so easy to do, if not on guard. Such cases demand, for thoroughness, a careful exploration of either the lower (pelvic) or upper abdominal zone or both to find if possible the real pathology.

Case III. Mr. A. A., aged 34, laborer, admitted to the Jersey City Hospital shortly after being run over by a heavily loaded truck, the wheel of which passed across his abdomen. The local external evidence of injury was only a slight abrasion. Patient was in profound shock. Abdominal muscles very rigid, especially the right rectus and a considerable tenderness was manifest in this region. There was no vomiting and catheterization secured clear urine.

The probability of injury to some of the abdominal organs or viscera was so great that an immediate explorative laparotomy was performed. The entire intestinal tract, the liver, spleen, pancreas and bladder were apparently intact; no hemorrhage, except enough to stain a couple of sponges in the right kidney pouch. The left kidney felt normal, but the right seemed smaller than it should be and somewhat irregular. The

absence of hematuria, however, seem to contradict a ruptured kidney, and as the patient's condition was critical, I closed the abdominal incision and did not explore that kidney from behind, which on general principles was no doubt a mistake.

Some improvement in the condition of shock was shown for several hours after the operation, but about 16 hours thereafter the temperature rose to 105, and then dropped to subnormal followed shortly by death.

Autopsy showed a complete transverse rupture of the right kidney near the lower pole—the lower fragment having sagged downward and kinked the ureter so that no blood escaped into the bladder. The pancreas was broken into many small pieces, but the contour was preserved by its peritoneal covering. There was also a rupture of the liver posteriorly, escape of blood being prevented by the peritoneal attachments.

Here were three conditions of a most serious character, none of which were diagnosed during what seemd at the time a careful exploration. All of them were retroperitoneal and I think one was excusable for not detecting either the ruptured liver or pancreas. The ruptured kidney no doubt should have been diagnosed, notwithstanding the absence of hematuria.

As to the practical outcome of this particular case it would not have been changed; for the pancreatic lesion, if not that of the liver would surely have proved fatal even if the patient had survived a nephrectomy.

Two lessons are taught by this case, first the difficulty of always apprehending by explorative operation some traumatisms which are wholly retroperitoneal, and, second, that a complete rupture of the kidney does not always result in hematuria.

Carcinoma of Uterus in Girl 18 Years Old.

Dr. Edwin B. Cragin, reported this case at a meeting of the New York Obstetrical Society.

The patient was only eighteen years of age and was seen in consultation with Dr. H. Seymour Houghton on April 26, 1912. For several months she had been suffering from menorrhagia which had responded in part to rest, the administration of ergot and other measures. When she was examined by Dr. Houghton he was very much surprised to find a large cauliflower growth which extended from the cervix. This growth was removed by Dr. Houghton and sent to Dr. Frederic E. Sondern for examination and he pronounced it to be a carcinoma. Slides of the growth were later examined by Prof. Francis E. Wood, Director of the Crocker Cancer Research Laboratory and he concurred in Dr. Sondern's diagnosis.

On May 4, 1912, a radical abdominal hysterectomy (Wertheim operation) was performed by Dr. Cragin at the Sloane Hospital for Women. The patient made an excellent recovery and when seen on September 16, 1912, showed no evidence of any recurrence of the disease.

This case was reported as being the youngest instance of carcinoma of the uterus ever seen by the writer.

Gall Stones—1150.

Reported by Dr. J. R. Wathen, Louisville, in the Kentucky Medical Journal, Jan. 15, 1913.

This large number of stones was removed from a woman, Mrs. F., age 62 years. She had complained of chronic indigestion and failing health for some years. Pulse and temperature normal, and with little or no jaundice. Operation revealed a large gall-bladder filled with stones and dark, thick bile. These 1150 stones were removed with little trouble and the gall ducts explored but no more stones found and they seemed to have been confined entirely to the gall-bladder. It is surprising with so many small stones that some did not find their way into the common duct.

Patient has made a nice recovery and will soon be able to leave the hospital.

Uterine Myoma—18½ Lbs. and Stones (1150)

Reported by Dr. Jno. R. Wathen, Louisville, in the Kentucky Medical Journal.

Mrs. P., age 42. First noticed tumor in abdomen about six years ago. Menstration regular and had given birth to three children.

At no time had she complained of excessive hemorrhage during monthly sickness. Examination revealed a very large and movable tumor in the lower abdomen. Vaginal examination showed the cervix high up in the vagina.

While fibroid was suspected, the size and other symptoms led me to suspect the possibility of an ovarian cyst.

Operation revealed a large myoma without adhesions but wedged well into the pelvis. The enormous size of the specimen and the corresponding size of the blood-vessels made the removal more hazardous than with smaller sizes.

The tumor was removed in the usual way (Kelly method) of supra-vaginal amputation of the cervix.

Patient has made a nice recovery and is now able to get out of bed.

The weight of this myoma is 18½ lbs. and the woman from whom it was removed weighed 210 lbs.

In consulting the literature on uterine mycoma I find that Kelly and Cullon, in their extensive monograph upon this subject, cite three cases of solid myomata weighing respectfully 22 lbs., 29 lbs., and 30 lbs.

They also record one case weighing 89 lbs.. but this tumor had undergone cystic degeneration and the great weight was largely the fluid, as in ovarion cysts.

Implantation of Glass Sphere Into Capsule of Tenon.

Dr. Geo. F. Suker, at a meeting of the Chicago Ophthalmological Society, presented a negro child aged 3 years, with a marked and excessive sclero-corneal staphyloma, preventing

closure of lids. Enucleation difficult because of adhesions. Inserted a lead-free glass sphere into capsule of Tenon, covered same with deep conjunctiva and muscles, bringing same together with catgut sutures while the overlying conjunctiva was brought over this by a continuous silk purse-string suture. Reaction moderate, but sufficient to preclude any great motion of stump. Yet, there is a full socket thus avoiding the sinking in of the prothesis and the usual sinking in of the upper lid back of the shell.

There is no doubt but that the presence of the sphere in Tenon's capsule will materially aid the growth of the socket. It has been Dr. Suker's experience that some empty sockets in children do not attain the same size as the one having the globe, and since employing the implantations, this disparity in the size of the two sockets is not so marked.

It has been objected by some that foreign substance of an inorganic nature implanted in the orbit, usually excites such an amount of irritation as to bind the muscles of adhesions and so defeat the very purpose of such implantations but Dr. Suker insists that the results generally will be more satisfactory than those of a simple enucleation.—Editor.

Reports from County Societies.

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular February meeting of the Atlantic County Medical Society was held at Hotel Chalfonte, Atlantic City, Friday evening the 14th, 8:30 o'clock.

The following members were present: Doctors Bennett, Berner, Bartlett, Barbash, Bewley, Carrington, Conaway, Darnall, Davis, Frisch, Guion, Garrabrant, E. H. Harvey, H. T. Harvey, Harley, Ireland, Jonah, Lee, Marshall, Martin, Marvel, Pollard, Poland, Porteous, Rulon, Reynolds, Senseman, Stewart Scott, Snowball, Stern, Schmidt, Westcott and Woolbert.

The following guests were made members for the evening: Doctors A. C. Abbott, A. Clark Hunt, Chase, Ritter, Nicholson, Munson, Hart and Mr. Vagason.

A resolution was passed endorsing the work of the "Mosquito Commission."

A resolution was unanimously carried protesting against Assembly bills, Nos. 52 and 53, relative to State Examining Boards for Osteopaths, Christian Science Healers, etc., which bills are to be introduced at the present term of the Legislature at Trenton.

The Board of Censors reported favorably upon the application of Dr. Franklin Clark of Atlantic City, a graduate of Harvard Medical School, and he was duly elected to active membership.

Dr. C. Cuolter Charlton presented a certificate of transfer from the Graves County (Kentucky) Medical Society, and he was accepted as a member of our Society.

Dr. H. T. Harvey proposed the name of Dr. C. H. Canning for membership. The matter was referred to the Board of Censors.

Following the transaction of other routine business a most interesting and instructive programme was presented.

Dr. Wm. Edgar Darnall read a paper on "Hemorrhage into an Ovarian Cyst." This paper was discussed by Dr. Chase of Brooklyn, N. Y.

Dr. A. C. Abbott, Director of the Laboratory of Hygiene, University of Pennsylvania, read a paper on "Consideration of some of the newer activities relating to Public Health."

Dr. A. Clark Hunt, of the New Jersey Board of Health, read a paper on "Importance of reporting Communicable Diseases."

The papers of Dr. Abbott and Dr. Hunt were jointly discussed by Mr. Vogason, of the Department of Public Health, Philadelphia, and by Doctors Stewart, Senseman, Hart, Marvel, E. H. Harvey, Stern and Guion. Dr. Hunt and Dr. Abbott closed the discussion.

A vote of thanks was extended to the speakers of the evening and the guests present.

Dr. H. T. Harvey has just returned from Philadelphia, where he was doing some Bacteriological Research work in the laboratories of the Presbyterian Hospital.

Dr. Wm. Edgar Darnall has been appointed by Justice Kalisch to lead the crusade against the Mosquito in Atlantic County.

Dr. Francis W. Bennett has returned from a three months' trip to Philadelphia, New York and Baltimore, where he has been attending clinics.

The Staff of the Atlantic City Hospital held its first clinical meeting in the Board room of the Hospital Wednesday evening, February 19th. Programme for the evening: Symposium on Malignant Disease.

Report of case of carcinoma by Dr. Wm. Edgar Darnall.

Report of case of sarcoma by Dr. W. J. Carrington.

Demonstration of Micro-sections of above cases, by Dr. H. T. Harvey.

Refreshments were served.

BERGEN COUNTY.

Fred S. Hallett, M. D., Secretary.

January meeting. The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, January 14, at 8:15 P. M. Vice-president S. E. Armstrong occupying the chair, 23 members were present.

The regular order of business was suspended and the guest of the evening, Dr. Henry D. Chapin, of New York City, gave a very interesting and instructive talk on "The Treatment of Pneumonia in Children."

February meeting. The regular monthly meeting of the Society was held in Elks' Hall, February 11th at 8:15 P. M., and the president Dr. F. C. Bradner in the chair. Sixteen members were present.

Dr. George M. Levitas of Westwood was proposed for membership.

A communication was read from Dr. T. N. Gray relative to changing the time of the annual meeting of the County Society and also of the fiscal year to January 1st, when, on motion, the secretary was instructed to draft an amendment to the By-Laws changing the annual meeting to October and the fiscal year to January 1st. The present officers to retain office until October.

On motion, a committee, consiting of Drs. F. C. Bradner, S. E. Armstrong, J. E. Pratt,

and P. E. Brundage, was appointed to confer with our State Senator and Assemblyman, relative to proposed osteopathic legislation.

Dr. Charles Calhoun, of Rutherford, read a very instructive paper on "The Adrenal System." Discussion of the paper was opened by Drs. J. F. Bell and J. E. Pratt.

BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The Eighty-third Annual Meeting of the Burlington County Medical Society was held in Mt. Holly, January 8, 1913.

Dr. Nathan Thorne, of Moorestown, was elected to membership.

The following officers and delegates were elected:

President—A. L. Gordon, Burlington; Vice-president, C. D. Mendenhall, Bordentown; secretary and treasurer, G. T. Tracy, Beverly; censor, F. G. Stroud, Moorestown; reporter, D. F. Remer, Medford; delegate to State Society, E. D. Prickett, Mt. Holly; G. E. Harbert, Beverly, Alternate; Delegate to Camden County, W. P. Melcher, Mt. Holly; delegate to Gloucester county, J. E. Dubell, Columbus; delegate to Salem County, J. J. Flynn, Mt. Holly; delegate to Bucks County, J. D. Janney, Cinnaminson; auxiliary member of Legislative Committee, J. B. Wintersteen, Moorestown; chairman Section on Practice of Medicine for April meeting, M. W. Newcombe, Brown's Mills; chairman Section on Surgery for June meeting, D. H. B. Ulmer, Moorestown; chairman Section on Gynecology and Obstetrics for October meeting, H. Eugenia Whitehead, Mt. Holly; delegate to Pennsylvania State Society, J. B. Wintersteen, Moorestown.

The annual address, delivered by the retiring President, W. P. Melcher, was on "Eugenics," a subject well worthy of the study of the profession.

CAMDEN COUNTY.

Albert B. Davis, M. D., Reporter.

"It is not the whole of life to live: nor all of death to die," says a Scotch poet. And if the Scotch have any copyright on the whole idea the Camden County Medical Society must be part Scotch, for it is largely the application of that idea to the doctor's life that has caused this society to set apart one of its meetings during the year as "The Social Session," when "sweethearts and wives" are invited, mental relaxation provided, and the discussion of medical questions made to give way to social intercourse that tends to our better acquaintance with each other. And that this idea meets with general approval was amply testified by the attendance at this year's Social Session of the Camden County Medical Society held Tuesday evening, February 11th. Almost three hundred members, wives and sweethearts were present to enjoy each others' society, the fine entertainment and excellent refreshments provided.

The entertainment for the past two years especially, has been voted a pronounced success. We have been fortunate in not having to go far afield to secure, in Miss Miriam L. Earley, the services of a talented elocutionist. Last year she read for us "The Lion and the Mouse," and this year gave us another popular play, "The Man from Home." Her presentation of these dramas was vividly realistic, and her audience was held keenly interested throughout. Then, too, this year's selection is a most wholesome production presenting what we like to consider the typical American spirit, and the doctor and his family are usually among the best and most appreciative exponents of that spirit.

The anticipation of such enjoyable and profitable entertainment, of very excellent refreshment, and last, but by no means least, the warm fraternal and social spirit prevailing among the members and families of the Camden County Society operated to bring out a record attendance to an evening which all pronounced a marked success.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society arranged for two meetings, the last before the annual meeting in April, both to be addressed by Dr. Arthur R. Mandel, Professor of Clinical Pathology in the University and Bellevue Hospital Medical College, New York, on the general topic, "Clinical Laboratory Examinations as an Aid to Diagnosis." The dates of these meetings are Tuesday, February 25th, subject: "The Blood, Gastric Contents, etc.", and Tuesday, March 4th, subject, "The Feces, Urine, etc."

The Essex County Pathological and Anatomical Society held a regular meeting Thursday, February 13th, with the following programme:

Report of a case of Latent Carcinoma of the Stomach, Dr. Martine; A case of Congenital Tumor of the Forehead, Drs. Wallhauser and Haussling; Demonstration of a Placenta from a case of Triplets, Dr. Sutton; Report of a case of Melena Noneatorum, Dr. Kraker; Demonstration of Specimens of Teratoma Testis, (two cases), and of Hypertrophied Prostates (2 cases, Dr. OCrowley; Demonstration of the Genealogical Tree of a Family of Breeders, illustrating Family Inheritance, Dr. Staehlin; A case of Cerebellar Abscess, Dr. Eagleton; Symposium on the Pituitary Body and its Disorders, (a) The Anatomy, Histology and Physiolgy of the Hypophysis, Dr. Martland; (b) Clinical Manifestations of Disordered Pituitary Function Dr. Beling; (c) The Demonstration of unannounced specimens is invited.

The Academy of Medicine of Northern New Jersey held a stated meeting on Wednesday, February 19th, under the combined auspices of the sections on Surgery and Gynecology, having as guest of the evening Dr. Hugh Young of the Johns Hopkins University, Baltimore, who read a paper on "Some Surgical Problems presented by Lesions of the Prostate." It was a thorough presentation of the subject with the results of a large experience, notably in Perineal Prostatectomy of which he talked as a skilled authority. The marked interest of those present showed the importance of the subject, and, as well, the pleasure of hearing Dr. Young. Three other section meetings were held during February.

Another meeting of wide interest this month was that of the William Pierson Medical Library Association, Orange, Tuesday, February

18th. Doctor Howard A. Kelly of the Johns Hopkins University, Baltimore, read a paper on "The Uses of Radium in Medicine and Surgery." The eminence of the speaker and his standing for the best in science and ethics in Medicine and Surgery, lent authority to his experiences and views on this somewhat abstruse subject.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The stated meeting of the Hudson County Medical Society was held on Feb. 4, 1913.

The dinner committee reported, and was discharged with thanks.

The committee on osteopathic bill was also heard.

On behalf of water committee Dr. J. M. Rector was directed to continue until completion of their work.

The following were admitted to membership in the county society, Dr. Fannie B. Updyke, Weehawken; Dr. Elmer S. Goudy, Kearney; Dr. Fred C. Thornley, Harrison; Dr. Theodore J. Meury, Jersey City.

Under interesting cases Dr. W. L. Pyle told of a patient, illustrating the deceptiveness of syphilis. A man had chancroids: they were cauterized. No rash or mucous patches appeared, although kept under observation for two months. Patient married, and in five years his wife had three miscarriages. He became anxious about the cause thereof. A blood test showed a positive Wassermann.

Dr. Doland Miner cited a case to show that pus in upper zone of abdomen was often taken care of by nature. His patient, a man, had several attacks, (with slight temperature and of short duration) of gall stones. When seen the thermometer showed 105 degrees. Operation revealed a gall bladder full of stones and pus, no bile, and all contiguous structures adherent. Drainage was estabislhed and he is now throwing off four ounces of black bile daily, with usual temperature.

Dr. H. J. Bogardus exhibited an X-ray plate to illustrate his findings in case of a woman twenty-seven years old, who in early life had hip disease, followed by some destruction of head of bone, with anchylosis in the acetabulum, from which she recovered and walked fairly well. Six months ago she developed pain in the side, which was variously diagnosed as rheumatism, sciatica, etc. Even rest in bed produced no improvement. When patient was referred to the narrator he could discern no evidence of the old hip disease. The X-ray plate in question showed a distinct separation of the sacro-iliac synchondrosis. The woman was trapped, put to bed with a pulley and made a prompt recovery.

Dr. J. H. Rosenkranz recited case of a man who in early life had a chancre, married, several children were born, one died at twenty years of age, weighing 300 pounds. The man now has marked symptoms of tabes, with distinct gastric crises, and during a period of five years when soaked with mercury he gets better temporarily.

The doctor mentioned a case of a 48 year old woman with a blood pressure of 260, and marked arterio-sclerosis, and discussed the relationship of excess protein to this condition. He also called attention to the brilliant results obtained by swabbing the posterior nares with a fifty per cent. solution of resorcin in alcohol, for cases of infection in that locality, and emphasized the fact that many of the vague cases with well defined disturbances, temperature, etc. attributed to "cold" were in reality pharyngeal infections, and that the treatment advised would be found almost a preventive of mastoiditis, to which such cases were particularly prone.

Dr. G. K. Dickinson spoke of the use of the isotonic solution to wounds, and after an experience with carbolic, iodine, yeast, etc., the solution mentioned (which consists of 5 per cent. sodium chloride and 1-2 per cent. sodium citrate) produces the finest granulations without exuberance. The effect is much the same as sea water, producing an irritation which brings out the serum, activates the phagocytes without pus formation. He considered it a valuable adjunct to Bier's treatment, heat and poultices.

Dr. O. H. Blanchard cited a most unusual case. A man at business had a slight stroke, and became worse on being removed to his home. On arriving there he agreed that if he became unable to speak or was apparently unconscious he would make certain signs with his hands to indicate "yes" or "no." He soon became almost completely paralyzed in one side, developed Cheyne-Stokes breathing, etc., the urine became loaded with albumen, and he was apparently comatose, and yet he could by the signs express answers to questions. The doctor did not expect he would be alive the next twenty-four hours, and the extraordinary proof of mentality persisting, when apparently totally obtunded, prompted him to recite the incident.

Dr. Aaron Nelson described a case of enormous fibrous enlargement of the breasts in a girl 17 years old, and showed photographs to illustrate. He mentioned the case of a child three years old, who had recovered from scarlet fever, who suddenly developed a temperature of 102, and a search for pericarditis, mastoiditis, etc., proved negative. A few days later the ankle joint became tender and soon red and swollen. An injection of formalin and glycerin proved ineffectual, and finally the joint was incised on both sides with evacuation of free pus.

Dr. Donald Miner, the essayist of the evening, read his paper on "Vasomotor Tone."

In discussing the paper Dr. William Freile thought that excessive blood pressure was in many instances a conservative process, and this thought should be kept in mind in treating it. When too suddenly reduced by any form of therapy the patient experienced a certain amount of shock or collapse. Furthermore, he thought that the pressure readings should be taken several times to be of value, and that nothing more than a warning should be deduced from a single test, any more than a single thermometer reading should be relied on without taking all the other diagnostic data into consideration.

Dr. Louis F. Bishop of New York continued the discussion, and stated he was now preparing a book dealing with this topic, and that the cause of arterio-sclerosis and vascular degeneration so common after forty years of age, furnished food for thought. He believed it had to do with biochemistry, with the protein chemistry, and was closely allied to the question of

anaphylaxis, immunity, and the relation of the protein to the cells of the body. He then described the production of what might be called "anaphylactic shock," produced by the cell reaction, to the protein. He thought the cause of cardio-vascular disease was the sensitization of the system to some particular protein over long periods of time. He cited several cases to show where fish, eggs, or meat had been the causative factor in different cases, and the results that followed the removal of the obnoxious agent. He believed in eliminating these things from the dietary, and placing the patient on a single protein like cheese, and later add another, for instance, white of chicken. He considered the gram method too complicated. He did not now measure proteins, he counted them.

Dr. G. K. Dickinson commented on the essayist's work, and on Dr. Bishop's simple but scientific elucidation. He said that in early days we were told that alcohol produced cirrhosis, and were shown the gin liver. We know now that alcohol does not produce this, but it is the toxins which are developed that are responsible for the damage.

Dr. J. M. Rector spoke of neurasthenic and hysterical conditions, their influence on the sphlancnic, and consequently the production of central engorgement of anaemia, and he believed that by proper study of the blanching or flushing of the skin, malingering could be detected, and this was of much importance in examining railroad cases.

MERCER COUNTY.

William C. Sandy, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held February 4th, in the Municipal Building, Trenton.

After a short business session, the president, Dr. H. A. North, called upon Dr. Samuel Sica who discussed in detail a case of chlorosis which recovered under treatment.

Dr. M. B. Kirkpatrick then reported a case of probable papilloma of the larynx in a young girl. There was considerable discussion of this case as she had consulted a number of the members present. The attention of the school physician had first been directed to the condition by the fact that the girl was unable to speak above a whisper. She was finally recommended to go to a Philadelphia hospital for operation. While on the way in the train she was taken with severe dyspnoea and she was hurried to a hospital where on her arrival tracheotomy was performed. She died a short time afterwards. No autopsy was performed and the exact condition was not established.

The discussion of this case finally led to the narration of a number of cases of foreign bodies in the larynx which had been successfully treated.

The attendance at the regular meetings seems to be improving, and it is hoped that the members will as requested co-operate in the future in presenting papers in order that the meetings may be of more real benefit.

SALEM COUNTY.

By John F. Smith, M. D., Secretary.

The Salem County Medical Society held its regular meeting at Woodstown Hotel, Woodstown, N. J., February 5th, 1913, at 1:30 P. M., with a good attendance.

Dr. Wililam E. Hughes, of Philadelphia, read a very interesting paper on "Pneumonia." Dr. Henry R. Wharton, of Philadelphia, followed with, "Surgical Complications of Pneumonia."

An amendment to the constitution was adopted changing the annual meeting from May to October.

Dr. C. W. Thomas, of Woodstown, was elected to membership.

After the usual dinner the Society adjourned to meet at Schaefer House, Salem, May 7th, 1913.

WARREN COUNTY.

J. H. Griffith, M. D., Reporter.

A stated meeting of the Warren County Medical Society was held at Washington, N. J., on February 11th, 1913.

In the absence of Dr. Frank S. Gordon, the President, Dr. F. J. La Riew acted as chairman.

Dr. Clarence O'Crowley of Newark addressed the meeting on "The Treatment of Genito-Urinary Diseases," and gave a synopsis of the ordinary conditions met with in the genito-urinary tract and their rational management. He exhibited a large number of instruments and demonstrated some of the methods of treatment on two patients. He made a strong plea for the abolition of hand injections in the treatment of the acute stages of specific urethritis and explained in detail the method of treatment by deep instillations of Argyrol, which had been elaborated by himself and had recently been finding favor in the United States Navy.

Dr. Beling reported a case of hypopituitarism in a boy, 14 years of age, presenting general adiposity of the feminine type, tapering hands, well marked persistence of the epiphyseal lines, small size of the sella turcica, (radiographic pictures), hypotrichosis and genital dystrophy. The visual fields, optic discs, blood and urine were normal.

A motion was made that the time of the annual meeting of the Society be changed from the second Tuesday in September to the first day of January, the next fiscal year to begin on January 1st, 1914, in conformation with the action of the State Society taken at its last annual meeting.

Those present were Drs. J. M. Reese, F. A. Shimer, Frank W. Curtis, F. P. McKinstry, T. S. Dedrick, C. B. Smith, C. M. Williams, F. J. LaRiew, Thomas N. Gray, Secretary of the State Society, and C. C. Beling, Councillor, First Judicial District.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club, Friday, Jan. 31, 1913, at 8:30 P. M. Dr. W. J Wolfe, of Chatham, entertaining, and Dr. F. I. Krause of Chatham in the chair.

The following members were present: Drs. Baker, Bebout, Campbell, Gorton, Hamill, Jaquith, Keeney, Lamson, Lawrence, Moister Pollard, Smalley, Stites, Wolfe and Krauss, and

Drs. Bowles, Tweddell and Hosmer of Summit as guests.

The minutes of the previous meeting were read and approved.

The subject for the evening was, "The Value of the X-ray in Diagnosis."

Dr. W. H. Lawrence of Summit exhibited and explained over seventy X-ray plates, illustrating a wide variety of surgical conditions, in all parts of the body, which had occurred in his cases at Overlook Hospital. He spoke of the difficulty of correctly interpreting an X-ray plate, and of its value in diagnosis and indications for treatment.

Dr. R. D. Baker, of Summit showed forty plates of intra-abdominal lesion, occurring in gastro-intestinal diseases, such as the various ptoses, cancer, ulcer, etc. He said that in these conditions we must not depend upon the X-ray alone, but must always consider carefully the history of the case, and the clinical and laboratory findings.

A hearty vote of thanks was given to Drs. Lawrence and Baker for their valuable and interesting exhibition of X-ray plates.

The meeting then adjourned and refreshments were served.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met at Day's, Morristown, on the evening of January 29th, 1913, as guests of Dr. F. W. Owen.

The host read a paper on the late Stephen Pierson, M. D.

Among those present were Drs. W. J. Chandler of South Orange, 3rd Vice-president of the N. J. Medical Society, Edward Ill of Newark and T. W. Harvey of Orange, who were all closely associated with Dr. Pierson in his medical activities. The former having been a class mate in college.

The paper is to appear in an early issue of the State Medical Journal and was a eulogy of the doctor's stirling qualities as a man, his kindness as a friend, his worth as a physician and of how he was missed by his colleagues.

Among the Morristown practitioners who joined in praise of Dr. Pierson were Drs. Douglas, Henriques, Haven, Lathrope, in which they were joined by Dr. McCormack of Whippany.

Associated Physicians of Montclair.

Walter B. Mount, M. D., Secretary.

On February 24th, 1913, The Associated Physicians of Montclair and Vicinity held their monthly meeting in the Montclair Club.

Dr. Linnæus E. La Fetra of New York, attending physician, Bellevue Hospital, read a masterful paper on "Certain Disorders of Early Infancy," taking up thoroughly vomiting, convulsions, sepsis, and hemorrhages. The paper will be published in one of the journals.

After a free discussion, the members and guests partook of a supper and spent a social hour.

International Congress on Zoology.

The ninth Congress will meet at Monaco, March 25 to 30, 1913, under the presidency of H. S. H. Prince Albert 1st. The Secretary is Prof. Joubin, Institut Oceaographique, 195 Rue Saint-Jacques, Paris.

New Jersey Surgeons.

The Society of Surgeons of the State of New Jersey was organized in Trenton, N. J., on the 15th of January of this year.

The membership already includes many of the best known surgeons of the State. The active membership is limited, at present, to visiting surgeons of recognized public hospitals. The associate membership is limited to assistant surgeons and others who are making a specialty of surgery. The object of the society is to bring into one organization the surgeons of the State of New Jersey, and to advance the interests of surgical science. The annual meeting is to be held in December of each year, and special clinical meetings will be held at the call of the Executive Committee.

The officers for the next year are as follows: President, Robert M. Curts, Paterson; First Vice-president, E. Zeh Hawkes, Newark; Second Vice-president, Paul M. Mecray, Camden; Secretary, G. N. J. Sommer, Trenton; Treasurer, Henry Spence, Jersey City; Chairman of Committee on Programme and Scientific Work, Philander A. Harris, Paterson.

The Criminal Club.

The Criminal Club met as guests of Dr. B. D. Evans, Medical Director of the New Jersey State Hospital at Morris Plains, on February 14, 1913.

This Club is composed of well known judges, physicians and others interested in the study of criminology and who feel that some crimes are the result of mental conditions of the criminal which render him unable to fit himself satisfactorily into his environment. Mr. Joseph P. Byers, State Commissioner of Charities and Corrections is President. The subject for discussion was "The Rarer Forms of Epilepsy." The Club adjourned after deciding to give the subject more consideration at an early meeting in New York City.

Medical School Inspector's Association.

A meeting of the Public School Medical Inspectors of South Jersey was held in the rooms of the Board of Education at the City Hall, Camden, January 23rd, with the president, Dr. Henry H. Davis, Camden, in the chair. Dr. Wallace McGeorge presented a paper setting forth the work during the past year in the southern section of the State.

Fourth International Congress on School Hygiene.

The meetings of this congress will be held in Buffalo, N. Y., on August 25 to 30, 1913, under the presidency of President Charles Eliot of Harvard University, and it is expected that delegates from at least twenty-five nations will be in attendance.

EVERY MEMBER IS EARNESTLY REQUESTED TO SEE THE SENATOR AND ASSEMBLYMEN OF HIS COUNTY AND INFLUENCE HIM IN FAVOR OF THE OSTEOPATHIC BILL ON PAGE 530.

THE JOURNAL
OF THE
Medical Society of New Jersey

MARCH, 1913

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to
DAVID C. ENGLISH, M. D., Editor,
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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to
WILLIAM J. CHANDLER, M. D., South Orange N. J.

We regret exceedingly that Dr. Bloodgood's Oration in surgery has not arrived yet and the substitution of another paper at a late date has delayed this issue of the Journal. Other matter, including papers by Drs. G. K. Dickinson and F. W. Owen—we are compelled to defer on account of our printer's inability to have them set up, because of pressure of work and the manager's illness.

We heartily endorse and emphasize the following from an editorial in The Providence Medical Journal for March, just received:

There should be a Standing Committee on Public Health to take an active interest in these matters and they should have opinions of their own and should not be afraid to express them. The sooner legislation concerning public health is made upon the advice of competent physicians instead of interested politicians the better for Rhode Island.

We have an editorial prepared on the appointment of politicians instead of doctors on our State Board of Health, which will appear in our April issue.

We regret that impaired health has compelled Dr. L. M. Halsey, to relinquish the arduous work of chairmanship of our committee on Legislation, after his many years of earnest and faithful service.

On his motion he was relieved at a meeting last month and Dr. Henry B. Costill, 21 North Clinton avenue, Trenton, was elected Acting Chairman for the balance of the year. We congratulate the Society on Dr. Costill's selection. He has been proving a worthy successor of Dr. Halsey.

GUARDIANSHIP—PROPER AND IMPROPER.

We were much interested in reading Governor Wilson's paper in the February issue of *The World's Work* on "The New Freedom," in which he dwells on the point that Freeman needs no Guardians, rejecting the idea that the "masses" need the guardianship of "men of affairs," or that our government should be lodged in any "special class," or its policy "tied up with any particular set of interests," and insisting that the people shall rule. He says: "Bring the government back to the people, I want the people to come in and take possession of their own premises; for I hold that the government belongs to the people and that they have a right to that intimate access to it which will determine every turn of its policy."

We do not propose to review this paper, but call the attention of our readers to two questions which he asks:—

"There is the tariff question. Can the tariff question be decided in favor of the people, so long as the *monopolies* are the *chief* counsellors at Washington? There is the currency question. Are we going to settle the currency question so long as the Government listens *only* to the counsel of those who command the banking situation?" We have italicized the words—"monopolies" "chief" and "only"—in the above questions, because these words seem to give the only force to the governor's questions. The mass of the people cannot wisely decide the great problems of the tariff and currency questions, they are not qualified to do so. In the matter of the tariff, the men who have studied the matter most carefully and intelligently ought to be the best judges of what is for the public's good, and yet those tariff experts—even those who in the main agree with the Governor's policies—are more at variance in reaching conclusions than are the doctor experts in difficult insanity cases. Will the "masses" do better and how shall they rule in the matter? Any intelligent student of history knows that *vox populi* is not always *vox Dei*. The people need—Oh! how they need—to be

educated in order to know their rights and privileges and how to wisely secure and maintain them. We want no mob law or "strikes"; they are fearfully expensive in the damage they do to life, property and personal and public peace and prosperity.

But the people can and ought to be more careful in the selection and election of men to represent them. They ought to choose men who will be governed, not by their own personal interests or monopolies' interests, to represent them in the halls of legislation and when men, after election, misrepresent them to enrich themselves or serve other than the people's interests, they ought to relegate such men to private life, e. g., the Senator or Congressman who owns rubber stock which pays him 15 per cent. dividends yearly, who votes to increase the tariff duty on rubber so as to increase his dividends to 25 per cent. The candidate who receives large contributions for election purposes from the rubber or other trusts ought to be defeated.

The same rules ought to hold in considering the currency question and all other questions, the decisions of which affects the rights and privileges of the public. *The people's interest should decide the vote of every man on every debatable question that comes before Congress, the State Legislature or our City Councils.*

The same views—above set forth—ought to hold also in considering medical legislation, and here we have the proud satisfaction of knowing that the medical profession has been actuated by unselfish motives and has considered the public's highest welfare as the chief aim and end sought—to a degree unparallelled—that has meant in most instances the sacrifice of its members pecuniary interests and often the sacrifice of life itself, in scientific research for the prevention of wide-spread and destructive plagues and extensive epidemics of contagious and infectious diseases. See Dr. Curran Pope's address on page 529.

In the matter of personal and public health there is need, greatest need of wise guardianship, but it should ever be guardianship by medical men thoroughly educated; who know the laws of health and how to apply them, not only in the cure, but also for the prevention of disease, and it should be a guardianship that is altruistic—as it has been in New Jersey in the past—seeking the public good and not the profession's pecuniary enrichment. The people are ignorant and careless about these things and are therefore easily deceived by the specious arguments of unscrupulous men, and as that eminent authority, P. T. Barnum once said, in our presence, "The American people are easily humbugged and the bigger the humbug, the better it takes." Although the ordinary man knows enough to take his watch that is out of repair to the skilled watchmaker, rather than to the blacksmith, he does not seem to appreciate the importance of having that vastly more intricate, delicate and valuable mechanism—the human body—kept in good condition, and, when out of repair, put in right condition by the skilled physician.

Our endeavors to secure wise legislation for raising the standards of medical education and of requirements for medical licensure, have been pre-eminently for the good of the State and its citizens. In our opposition to the enactment of laws which we honestly believed were inimical to the highest interests of our State and harmful to the lives and health of our citizens, we certainly sought only the public's good. Knowing the rectitude of our motives and purposes, we have said, and we will say again, to our governors and legislators: Give our measures the consideration due them and give us that fair treatment that is due to scientific men who know the conditions, the requirements of the situation and the tremendous importance of the laws we recommend for the public's safety and welfare, and who also realize that these proposed laws, mean to us and the profession generally, no pecuniary advantage, but large cost of time and money with much misrepresentation of our motives and purposes. These latter results we have borne and, if needs be, we will continue to bear, sustained by the consciousness of the fact that we have endeavored to do our duty to the State and its citizens.

ONE STATE BOARD OF MEDICAL EXAMINERS.

The State should not recognize or endorse any "schools" of medicine—regular, homeopathic, eclectic, osteopathic, chiropractic, neuropathic or other. It should require high educational qualification of all applicants desiring to practice in the State, and should provide a high standard of requirement for licensure for all, by one Board of Medical Examiners.

The protection of the lives and the health of the citizens of New Jersey is the *one* thing for which we—representing the Medical Society of New Jersey—and the old school—scientific — profession generally,

plead and which is seconded by the homeopathic and eclectic practitioners. We plead not for the protection of the pecuniary interests or other advantage of ourselves or the profession we represent.

The osteopaths are divided into two factions which are bitterly fighting each other, and, as in former years, each faction has introduced a bill this year into the legislature, one of which bills adds an additional member, representing the osteopaths, to the present State Board of Medical Examiners; the other bill provides for a separate Board of Examiners for the osteopaths composed entirely of osteopaths. The two factions seem to be determined each to overthrow the other and get control of the licensing of osteopaths in this State. The separate Board—introduced by the far smaller body numerically—would be class legislation, giving them advantages not given—and *not asked for* by the old school, the homeopathic or eclectic practitioners, and it would open the door for separate boards for the chiropractics, the neuropathics, the Christian Scientists, the chiropodists, the midwives and possibly every branch of specialists.

If the State is to give any recognition to this special cult—osteopaths—the one member added to the present Board of Examiners is the only sensible, practical and safe solution of the situation. This will require every applicant who desires to be licensed to treat sick, disabled, deformed or defective persons to give evidence of educational qualification before being licensed by the State. The argument that osteopathic applicants would not be treated fairly by the present Board and its additional osteopathic member is absurd and unworthy of consideration. There have been no complaints that homeopathic or eclectic applicants have been treated unfairly by the members of the old school branch of the profession who constitute the majority of the members of the present Board. A new board composed entirely of osteopaths would have power if a majority belonged to the smaller faction, to treat unfairly or shut out the applicants who belonged to the other or larger faction—having graduated from the same osteopathic schools. From the spirit manifested by the separate-board faction the question seems proper—Is that one of the things they are aiming at? With the present State Board of Examiners and the one osteopath added there would be no possibility of such injustice to either faction. The entire Board would decide whether the applicant graduated from a college which had the course of study the law requires and whether he had pursued the regular course and then whether on his examination by the Board he met the law's requirements. If the law is passed as proposed and modified by our Legislative Committee, the osteopaths now practising in the State will be allowed to register and be permitted to practice osteopathy, but not to practice medicine—and they do not claim to; they use no medicines and they do not attempt to perform surgery. When hereafter they have pursued the studies which the law requires of practitioners of medicine and have passed the State Examining Board, they will have all the rights and privileges of other physicians. That is all they ought to ask. If we should consent to less than that amount of protection to the State and its citizens, we should judge ourselves false to ourselves, and to our profession's responsibility as the logical guardians of the health conditions of the State and the lives of its citizens.

IMPORTANT NOTICE.

The Legislative Bill prepared by our Committee on Legislation to establish a State Department of Health—in place of the State Board of Health, was received too late for insertion in this issue of our Journal. It is similar to the law of Pennsylvania and is believed to be the ideal method of State public health administration. It provides for a Commissioner of Health and an advirory board of five members, a majority of whom must be physicians.

The Committee urges every member of our Society to use his influence with his county's representatives in the legislature for the passage of this bill and of the osteopathic bill printed on page 530 and *to oppose decidedly the other osteopathic bill creating a separate board for osteopaths.* The latter is unquestionably a bad bill and ought to be defeated. We call special attention also to an article on "Dangers of Optometry Laws," on page 529.

Cartwright Lectures.

Prof. Ludwig Aschoff will deliver the Cartwright Lectures of the Association of the Alumni of the College of Physicians and Surgeons, New York. There will be two lectures, the subjects being "Thrombosis" and "Contracted Kidney," and they will be given at the New York Academy of Medicine on March 12 and March 15.

Correspondence.

Friedmann's Serum.

Dr. M. W. Newcomb, Medical Director of Brown's Mills Sanatorium.

Editor of the Journal of the Medical Society of New Jersey:

Undoubtedly every member of the State Society has read the numerous articles in the daily press about the wonderful results obtained from Dr. Friedmann's serum for the treatment of tuberculosis; also that Dr. A. B. Heid, of Pittsburgh, has just returned from Berlin where he went to see Friedmann to get some serum for the treatment of his wife, who has tuberculosis.

After some correspondence with Dr. Heid I decided to go out to see him which I did, and returned from Pittsburgh on February 18th.

Dr. Heid did not get any of Friedmann's serum as he would not let any one have it at the present time; but he got some from Dr. Piorkowski who was Friedmann's bacteriologist for several years, and who claims that it is the same serum that Friedmann is using now. Dr. Piorkowski has Dr. Karfunkel working in his laboratory at the present time. Dr. Karfunkel was with Friedmann at the time he read his paper before the Berlin Society last November, but resigned two weeks later.

Dr. Piorkowski's serum is the live turtle bacilli in emulsion with normal salt solution, of which patients receive two injections, about eight or ten days apart. Then they receive two injections of a tuberculin made from the turtle bacilli.

Dr. Heid said he did not see any cases in Berlin that had been cured, but saw several that were under treatment and seemed to be improving. He also said his wife seemed better since taking the treatment as did several other patients who were having the treatment. He said he has not given anything out to the press and that what we see has been given by the patients or was just printed to make a story. I secured enough serum for a few patients, and on my way home I stopped at Jefferson Medical College and gave Dr. Rosenberger enough to make several cultures.

Very truly yours,

M. W. Newcomb.

New Jersey State Pediatric Society.

A general meeting of this Society was held in the Laurel-in-the-Pines, Lakewood, N. J., on Tuesday evening, February 18, 1913, at 8:30 o'clock, with large attendance.

In opening the meeting the President, Dr. Alexander McAlister, of Camden, stated the objects of the New Jersey State Pediatric Society to be the uniting of physicians, teachers and others in the State who are engaged in the scientific study of infancy and childhood; to promote scientific research in the department of pediatrics and any field of child conservation; to foster interest in pediatrics by physicians; to extend knowledge of approved methods of caring for children; to study the problem of infant mortality, and popularize knowledge of infant hygiene and methods of protecting child life.

In introducing the first speaker Dr. McAlister spoke on child welfare in general, saying that the movement for conservation of child life has extended to every civilized country, physicians and all other classes of citizens being aroused more or less by the frightful rate of infant mortality. Infants and children, the greatest asset of the human race, should be given closer study when one-fifth to one-half of their number die before they reach the age of five years. The problem is not only a medical one, but is also social and economic. No intelligent man or woman ought to say that they have no interest in this movement, for it is a movement that reaches down to the very foundations of society and tries to advance race interests by saving and improving the most promising members of the race, namely the children and infants. One phase of the subject, Dr. McAlister said, would be taken up by Dr. Thomas Southworth, who then read a paper on "Unnecessary Weaning and How It May Be Avoided."

Dr. McAlister declared that, as a result of recent conferences, the next few years would see a remarkable decrease of infant mortality. He said that no gathering for the purpose of discussing infant mortality could fail to be of value, whether it be a gathering of physicians or of mothers, and he expressed the hope that municipal authorities, and especially the Boards of Health, would arrange for public meetings at which the latest and best thought on child health could be presented. He said that if the Boards would give the same attention, by means of lantern slides and moving pictures, to child health as they now give to the "White plague" infant mortality would fall off very materially and there would be much less tuberculosis in our cities. He then introduced Dr. Theodore LeBoutellier who read a paper on "The Importance of Teaching Child's Hygiene in Relation to Mortality."

"Relation of Women in Industry to Child Welfare" was to have been the last subject presented by Dr. Rosalie S. Morton, but she was unable to be present. Dr. McAlister said that unless a change in social conditions soon released womankind from hard conditions in mill and factory, and gave them more time for home and children, the race would pay a fearful penalty in reduction of births and a lowering of child physique and mentality. No one, he said, can see the children of wroking women without seeing this fact and probability.

Congress for Physiotherapy.

The Fourth International Congress for Physiotherapy will be held in Berlin from March 26 to 30, 1913, under the protection of Prince August Wilhelm of Prussia and the presidency of Prof. Dr. His and of Prof. Dr. Brieger of Berlin. The work of the congress will be conducted under four heads: I, Hydrotherapy, thallassotherapy, balneotherapy, and cilmatotherapy. II. Electrotherapy and radiotherapy. III. Kinesitherapy. IV. Diathetics. American physicians proposing to attend the congress should communicate promptly with the chairman of the American members of the Permanent Committee, Dr. G. Betton Massey, 903 Professional Building, Philadelphia.

DANGERS OF OPTOMETRY LAWS.

From the Missouri State Medical Association Journal.

The sophisticating practices of optometrists and the specious arguments they advance for legal recognition, are well understood by informed persons, but the vast majority of people would not distinguish between an optometrist and an oculist once the former has obtained State recognition. On this as on other questions affecting the welfare of the people, the stand taken by the medical profession is for better services, although the public may not at once realize and fully appreciate the situation. The optometrist will try to befuddle the public mind, as in the past, concerning their actual standing and the justness of recognizng them as a part of the medical profession and their right to tamper with the human body when diseased or defective. The medical profession has no concern with the education of the optician whose province is to grind lenses and fit spectacle frames. A State license for optometry (opticians) would simply add another department to medicine, and establish another standard, thus recognizing two standards in the practice of a specialty.

The report that St. Louis University contemplates the organization of a school of optometry is incorrect. A committee called on the university authorities and asked for such a course of study. The matter was referred to me. I made a study of the literature of the subject from both the optician's and the medical points of view. I also carried on an extensive correspondence with educational authorities, ophthalmologists and others competent to give opinions. On the basis of this investigation, the university settled the matter, not from the standpoint of the physician nor from that of the optometrist, but from a broad view of the welfare of the public. We put before ourselves two questions: (a) Should the fitting of spectacles by non-medical men be recognized as a profession and licensed by the State? (b) Should elgitimate educational institutions prepare candidates for this profession? We came to the conclusion that both questions must be answered emphatically in the negative.

Every proposition for such a course of study involves the study of the physiology of the eye and the consequent recognition of diseased conditions of that organ. There is absolutely no doubt that no training less than a full medical course, with subsequent special study, can fit a man for the grave responsibilities involved in this proposition. A license means recognition and endorsement. We conclude that many people would not discriminate between the licensed, untrained optometrist and the licensed, competent ophthalmologist, and that more harm would be done by such license and recognition than by the present state of affairs, bad as the latter is. The university, therefore, decided not to organize a course or school of optometry.

"Success in life depends far more upon decision of character than upon the possession of what is called genius. The man who is perpetually hesitating as to which of two things he will do, will do neither."—William Wirt.

Live on the sunny side of the street; shady folks live on the other. I have always preferred the sunshine and have tried to put other people there, if only for an hour or two at a time.—Marshall P. Wilder.

IDEALISM IN MEDICINE.

Extracts from the Oration in Medicine by Dr. Curran Pope, of Louisville, before the Kentucky State Medical Association, annual meeting 1912.

* * * * Medicine has never lacked for altruism or ideals, it has always had good ones, but I do not believe they were so closely lived up to, nor as highly appreciated as they are at the present time. There is in medicine, as there is in all of the other affairs of men today, a quickening in the perspective power, an increase of the sensitiveness to appreciate all those things that are good and true and useful and it is this quickening influence that is stimulating men in every corner of this wonderful globe of ours, to seek and search for those things that will bring to suffering and diseased humanity, relief and cure, for it must be remembered that the utlimate aim and object, the final goal of all endeavor medical, is to bring about that restitutio ad integrum of the diseased tissue to that normal condition that we call health. The attainment of health then is the ideal aim and object of the medical man, and with his quickened response, he is striving not alone to cure, but to follow that higher idealistic purpose that shall have for its aim and object, the prevention of disease, the alleviation of human suffering, and the promotion of that happiness which is supposedly guaranteed to us under the immortal constitution of our country. And without speaking in the slightest degree derogatory to any other science or any other profession, it may, I think, be truthfully said, that when the aim and object of medicine is considered, its idealism, its altruism, its hopes and its endeavors that they are by far the most important, as well as the most altruistic, for it must be truly remembered that of all professions, medicine stands almost alone in its endeavors to destroy its own business. Truly indeed is this altruistic; that one would sacrifice their own personal gain, in order that the sum total of human happiness, of human health and human activity may be more truly and certainly developed. It takes of and follows the injunction of Christ to Humanity. Thus the dream wish of the medical profession is idealism, that at the start sacrifices itself in order that great good may be done to the world at large. Of self-sacrifice, of idealism, the poets have sung in verse and meter; have sung of those victories won by adventure, of those victories won by greed and gain, but they have but little time to spare to sing those glories, to chant those peons of praise to the unfaltering, unthanked and oftentimes unknown investigators, who have, within the dingy walls of laboratories, in the harrowing wards of hospitals, in unending sacrifice, worked out those problems that have to-day made possible many of the world's greatest projects. Here indeed is an epic worthy of the pen of the greatest poetic mind of the world, an epic that could speak of far more valuable victories with microscope and test tube, than have gained praise on bloody

fields. To them I rear a monument of words, an appreciation. * * * *

To be great and successful is to cause a group of enemies to spring about you, even as the fabled armed ones that sprung from the dragon's teeth. Medicine is the bone and sinew, the brain and brawn of the hope of the people of the world. Health and life are essential and within our hands these lie. There are many medical sciences claiming as their basis, the doctrines of Christ, that do not in any sense of the word follow those claims. Cult after cult, ism after ism, have arisen and like some meteor flashed across the horizon for a few years to be alter found, a molten mass that has become extinct, while medicne true and scientific follows the beaten path and remains like the rock ribbed hills of granite, indestructable. Let me ask you to name one single great discovery whereby knowledge has been aided, suffering relieved and disease prevented that has arisen from any of the cults or isms that oppose medical advancement. Every historic medical discovery that has been of any great permanent help to mankind, owes its origin to those workers who are within the citadel of scientific medicine. Look around you. Can you point unerringly to any one single labor that these cults are contributing for the benefit of mankind? What effort are they making toward the solution of those great problems that have ever marked the effort of scientific medicine? Can they point to anything done, or likely to be done, that would, in any sense of the word equal the discovery of Jenner, the Herculean labors of Pasteur and Koch? Can they point with pride to the knowledge imparted to the world by means of which malaria has become a disease easily and promptly controlled? Can all of them combined claim one discovery equal to that of the cause of yellow fever; have they ever sacrificed, for the benefit of mankind a few immortal spirits like Reed? Have they among them, one such as Ehrlich. whose work gives promise of eliminating the Black Plague from the earth? Have they a Morton, whose discovery changed the surgical operating room from a torture chamber and a charnal house "into a world of black velvet tranquilty" to awake "grateful beyond words for the soft spell of enchanted peace?" (Sir Edwin Arnold). Have they a Lister whose beneficent discoveries have opened hope and relief, have made the entire body accessible to the surgeon and rendered the inevitable post operative horrors and lingering deaths a thing of the past? No, no, never. These labors, these few discoveries out of many, many, used but for illustration, simply indicate that the true and tried, the faithful and long suffering profession, is the one, the only one that has yielded to mankind those blessings that go to make life easier and to add to the sum total of human happiness upon this earth.

And only the Master shall praise us,
And only the Master shall blame,
And no one shall work for money,
And no one shall work for fame;
But each for the joy of the working,
And each in his separate sphere,
Shall paint the thing as he sees it,
For the God of things as they are.
—Rudyard Kipling.

No man to-day can truthfully says, "I am not my brother's keeper." The medical profession is to-day the guardian of the health of the peoples of this earth and is its brother's keeper. In the years to come, we must give an account of our stewardship. Let us pause a moment and ask ourselves, are we faithfully, truly and scientifically trying to accomplish all those things that make for the best, the most altruistic? Prominently stands out the fact that we have and are still cleaning our own house, and if we can at this early date reach any conclusion, it is that, while it has been an Herculean task of Augean proportions, still we can truthfully say that the results indicate that we have been "upon the job." No other profession can be found so systematically seeking to destroy its own financial success as ours and it must be truly said that no real advance in hygiene and sanitation, no real advance in preventive medicine has been accomplished, but what medicine has been largely instrumental in its accomplishment. The advent of a better and truer appreciation of this work must be felt by the legislator, his altruism strengthened, until back of such efforts will appear, not aolne the united medical profession, but governmental power and authority, aiming at the conservation and preservation of life, a conservation as devoutly to be wished, as earnestly to be sought as the preservation of majestic waters or the noble monarchs of the forest. We are altruistic to-day, for we are really seeking to make our government preserve human life, health and happiness in the same proportion and with the same activity as in the preservation of the heatlh and lives of those dumb creatures whom God has placed under our dominnion.

OSTEOPATHIC BILL.

(As agreed to by our Legislative Committee.

"A supplement to an act entitled 'An Act to regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof,' approved May twenty-second, eighteen hundred and ninety-four," providing for the appointment of an Osteopathic physician as a member of the State Board of Medical Examiners.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. Within thirty days after the passage of this supplement, the Governor shall appoint an additional member of the Board of Medical Examiners, established by the act to which this act is a supplement. Such additional member shall be a reputable osteopathic physician practicing osteopathy in this State, and shall be a graduate of a legally incorporated school or college of osteopathy requiring personal attendance.

He shall represent the school of practice to which he belongs in said Board. He shall be appointed for the term of three years, and until his successor is appointed and qualified. In case of vacancy, by reason of death, resignation or otherwise, before the expiration of the term for which he was appointed, the Governor shall appoint a successor for such unexpired term.

2. Nothing in this act contained shall in any wise affect the term of office of any person now holding office as a member of the State Board

of Medical Examiners. Such Board shall, however, hereafter consist of ten members, nine of whom shall continue to be appointed in accordance with the provisions of the act to which this act is a supplement. The other member shall be an osteopathic physician as herein provided.

3. This act shall take effect immediately.

"An Act to regulate the practice of osteopathy in the State of New Jersey, and to license osteopathic physicians to practice in this State, and punish persons violating the provisions thereof."

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. The State Board of Medical Examiners established by an act entitled "An act to regulate the practice of medicine and surgery, to license physicians and surgeons and to punish persons violating the provisions thereof," approved May twenty-second, one thousand eight hundred and eighty-four, and the several supplements thereto and acts amendatory thereof, shall in the addition to the examination therein provided for, hold meetings for examination of applicates under this act for a license to practice osteopathy in this State at the Capitol Building of this State, on the third Tuesday of June and October of each year, and such other times and places as the board may deem expedient; said board shall keep an offcial record of all its meetings and an official record of all applicants for a license to practice osteopathy in this State; said register shall show the name, age nativity, last and intended place of residence of all applicants for license, giving the name and location of the school or college which has granted said applicant the degree of doctor or osteopathy; said register shall also show whether said applicant was examined, licensed or rejected under this act, and said register shall be prima facie evidence of all matters therein contained.

2. All persons hereafter desiring to commence the practice of osteopathy in this State, shall apply to said board for license to do so; applicants for examination shall present to the Secretary of said Board, at least ten days before the commencement of the examination of which he or she is to be examined, a written application on a form or forms provided by said board, and a fee of twenty-five dollars, together with satisfactory proofs that the applicant is more than twenty-one years of age, is of good moral character and has obtained a certificate from the Commissioner of Education showing that such applicant before entering a college of osteopathy had obtained an academic education consisting of a four years' course of study in an approved public or private high school, or the equivalent thereof, and has been duly graduated with the degree of doctor of osteopathy from a legally incorporated school or college of osteopathy requiring personal attendance,conferring the degree of doctor of osteopathy, in good standing in the opinion of said board, and wherein the curriculum of study shall include instructions in the following branches, to wit: anatomy, physiology, pathology, histology, hygiene, toxicology and dietetics, chemistry, obstetrics, gynecology, osteopathic and physical diagnosis, principles of surgery, medical jurisprudence, bacteriology, theory and practice of osteopthy, and in such other subjects as the board may elect; and upon passing an examination in these studies satisfactory to the board shall be granted a license to practice osteopathy in this State.

All examinatinos shall be exclusively in writing and in English. In an event fo a failure to pass, an applicant may at the next regular examination after such failure be re-examined without the payment of an additional fee.

In case such applicant for examination entered an osteopathic school prior to the passage of this act, he or she shall furnish evidence of having attended and completed not less than three full eourses of not less than nine months each, in three different calendar years in a school or college of osteopathy requiring personal attendance. If any such applicant shall have received his or her degree in osteopathy after the first day of July, nineteen hundred and fifteen, he or she shall furnish evidence of having attended and completed not less than four full courses of not less than eight months each, in four different calendar years, in a school or college of osteopathy requiring personal attendance, prior to the granting of such diploma and conferring of such degree. Said Board are hereby authorized in their discretion to grant a license to practice osteopathy without examination, to any person who has been duly graduated from and who holds a diploma from any legally incorporated school or college of osteopathy in good standing in the opinion of said Board, and who is duly licensed or registered to practice osteopathy in another State or country, if such other State or country authorizes the issuance of license without examination under similar circumstances to residents of New Jersey, licensed in accordance with the provisions of this act, upon the payment to said Board of a fee of fifty dollars.

3. Any person actually engaged in the practice of osteopathy in this State, at the time this act becomes effective, who is a legal resident of this State, and who has graduated from a school or college of osteopathy requiring personal attendance, and in good standing in the opinion of said board, and who shall present to the said Board proof to that effect within three months after the said last mentioned time, shall be entitled to receive from said Board a certificate of registration upon the payment to said Board of a fee of ten dollars; each person so certified shall cause such certificate to be filed with the Clerk of the County in which he or she resides, as provided in the seventh section of this act, for the registration of licenses.

4. The license or registration (as the case may be) provided for in this act shall authorize the holder thereof to practice osteopathy as hereinafter defined in all its branches as taught and practiced in the legally incorporated schools or colleges of osteopathy, but shall not entitle the holder thereof to prescribe or administer drugs, or perform such surgical operations as require cutting.

5. For the purposes of this act, the practice of osteopathy is defined as follows:

"A method or system of healing whereby displaced structure of the body are replaced in such a manner by the hand or hands of the operator that the constituent elements of the diseased body may re-associate themselves for the cure of the disease."

6. Osteopathic physicians licensed or registered under this act shall be subject to the same rules and regulations, both municipal and State, that govern other physicians in the control of infectious and contagious diseases, the reporting and certifying of births and deaths.

7. The person so receiving said license shall file the same, or a certified copy thereof, with the Clerk of the County in which he or she resides, and said Clerk shall file said certificate or copy thereof and enter a memorandum thereof, giving the date of said license with the name of the person to whom the same is issued, and the date of said filing, in a book to be kept by them for that purpose, and for which registry the said County Clerk shall be entitled to demand and receive from each person registering the sum of one dollar; in case a person so licensed shall move into another county of this State, he or she shall procure from the said Clerk a certified copy of such registration and then file the same with the Clerk of the County to which he or she shall remove, and the said Clerk shall file and enter the same with like effect as if the same was an original license, and for which registry the said Clerk shall be entitled to demand and receive the sum of One dollar.

8. The Board may refuse to grant a license to any person guilty of unprofessional or dishonorable conduct, or any person guilty of felony, or any person addicted to the liquor or drug habit to such a degree as to render him unfit to practice, and may, after notice and hearing (at which the person shall be entitled to appear personally or by attorney, and offer evidence) revoke for any such cause any license heretofore granted, and any person, after such refusal or revocation of license, who shall attempt or continue the practice of osteopathy shall be subject to the penalties hereinafter prescribed.

The words "unprofessional or dishonorable conduct" used in this section are hereby declared to mean:

a. The procuring or aiding or abetting in procuring criminal abortion.

b. Conviction of any offense involving moral turpitude.

9. Any person who shall claim to practice or claim to attempt to practice osteopathy in treating diseases or any ailment whatsoever of the human body, or who shall use any of the terms or letters "osteopath," "osteopathist," "doctor of osteopathy," "diplomate in osteopathy," "D. C.", "mechano therapeuth," or "doctor of mechano therapeutics," or any other titles or letters under such circumstances as to induct the belief that the person who uses such terms is engaged in the practice of osteopathy, without first having been licensed or registered in accordance with this act or without having complied with the provisions of this act, shall be deemed guilty of a misdemeanor and upon conviction thereof, shall be punished for the first offense by a fine of not less than one thousand dollars, or by imprisonment in the county jail for a period of not less than thirty days, or both by fine and imprisonment, and for each subsequent offense the punishment shall be double that of the preceding one, and it shall be the duty of the district attorneys or prosecutors of the counties of this State to prosecute violations of this act.

When any prosecution under this act is made on the complaint of any incorporated medical or osteopathic association of this State, any fines collected, one-half thereof shall be paid to the association making the complaint, and one-half to the County Collector of the County in which the prosecution is had.

10. The expenses of said Board of the examinations shall be paid from the license fees above provided for, and if any surpuls remain, the same may be distributed among the members of said Board as a compensation for their services as members, but otherwise they shall receive no compensation whatever.

11. The term "Board" when used in this act means the State Board of Medical Examiners.

12. All acts or parts of acts conflicting with the provisions of this act are hereby repealed, and this act shall take effect immediately.

Editorials from Medical Journals

What About Nineteen Thirteen.

From the Pennsylvania Medical Journal.

A recent editorial in the Philadelphia Press closed as follows:—

"If the dying year leaves you ahead of the game or a looser, it is all the same. If you are in arrears ask yourself, in all honesty, Why? Confess the error or weakness and master it. The mere effort to be good is a purification. Even failing, whoever tried to be that in 1912 did nobly well and trying again in 1913 a similar resolve will be nobler."

Are we, as physicians, going to try to give our clientele better service, to make more careful diagnoses, to be more attentive to the needs or the reasonable wishes of our patients, to act as advisers in health as well as in sickness? Are we going to remember that, while it is our duty to give even more thought and study to the needs of those who employ us, it is equally our duty to give more attention to our personal needs and conveniences. If we serve our patients better, let us be more ready promptly to render adequate bills for our services and follow them up when necessary with courteous reminders that we need money to discharge our own just obligations to our families and society and to enable us to render the best services to our patients.

There is also our duty to our brother physicians, and this duty is not wholly unselfish, for what helps the profession as a whole helps the individual members of the profession. There is a need to increase the ethics and higher ideals of some of our profession. May we not increase our interest, our kindliness of thought and even our admiration for the physician who is working alongside of us and who mayhap is even a better man than ourselves? We need to get even closer together and to push from us every little jealousy that may at some time have found lodgment in our lives. The county society should have our hearty support at all times and in all ways. Let us help make its meetings so valuable that no member can afford to stay away, and then let us urge every reputable physician to join, making a special effort to secure as members all the younger physicians in the county.

The Doctor His Own Surgeon.

From the London Lancet, Sept. 21, 1912.

Paul Reclus has commented on the courage and stoicism necessary for the act of what he calls "autotomy," or surgical operation upon one's own body. He has described at some length four examples of this heroic procedure. The first story is that of a French surgeon who, having acquired a small outgrowing tuberculoma of the right index finger following an operation wound, determined to excise it under cocaine anesthesia. This he did, surrounded by his class, in a curiously unsurgical way, by fixing the instrument—first a scalpel, then a sharp spoon—in the left hand and performing all the necessary movements with the diseased right hand. In spite of this novel technique the result was quite satisfactory. His only discomfort was a little nausea at the unpleasant sensation of scraping his own periosteum; this was, however, corrected by a sip of hot coffee. In the second case the surgeon operated on himself for bilateral ingrowing toe-nail, apparently without pain and with absolutely satisfactory result. The hero of the third story was a Turkish military surgeon attached to Professor Reclus's own clinic, who was operated on for double inguinal hernia under local anesthesia with such complete success that he determined to remove for himself a troublesome varicocele. The procedure was quite painless and the result perfect. The fourth "autotomy" was performed by M. Regnault, a naval officer, who was led to undertake a radical cure of his own hernia. He anesthetized the area of operation by injecting cocaine into the several layers of tissue concerned, after a preliminary injection of morphine into the subcutaneous tissues of the thorax. He guarded himself from disaster by enlisting the help of two colleagues, who stood by prepared for action in case they were needed. However, all went well, and there was neither pain nor mishap.

Editorials from the Lay Press.

Nature a Quack.

From the Daily State Gazette, Trenton, Feb. 22.

It has been said of old that "he who is his own lawyer, has a fool for a client." With equal sense it may be said that he who tries to cure himself of his own motion or with the remedies suggested by others, has a fool for a patient.

Next to the one who does this is the folly of believeing that, after all, nature is the great curer, and that it is never necessary to consult a surgeon or physician.

Many an error with sad consequences has resulted from this very general belief, so that a cold is neglected or badly doctored by home remedies till tuberculosis sets in; a sore shin is plastered in a crude way till blood poison ensues, or an operation is delayed till it is too late for the skill of the surgeon.

It is true that the best physicians give the fewest drugs, but the wise doctor knows what to give and when to administer it. He is willing to assist nature when she is beneficent, but is ever on his guard against her trickery, for he knows she is cruel, and her main object is to kill off the weak that the strong may survive, and generally has no intention to heal anything.

In nine cases out of ten, the doctor has a warfare with nature, and rarely can call her a true ally to be implicitly trusted. No man ever left nature to her own resources more completely than that great physician, Sir William Gull, who boasted that he hardly ever gave any physic. Yet it was this same illustrious physician, who, in reply to one who spoke of the healing power of nature over a particular patient, retorted, nature is trying to kill the man."

The idea was not fantastic, observes the medical organ of the British profession. It is hardly too much to say that nature is one of the quacks against whom we must be on our guard.

(This newspaper is the most free from objectionable patent medicne and nostrum advertisements of any of our exchanges and is to be commended for considering the people's good.—Editor.)

They Want to Be Sure.

From the State Gazette, Trenton, Feb. 12.

The professional skepticism and opposition which Dr. Frederich Franz Friedmann encounters in having his inoculation serum for the cure of tuberculosis accepted by his fellow physicians is inspired less by professional jealousy than by a deep sense of conservative responsibility prevading the medical profession.

There have been so many theories advanced, and so many cures and specifics proclaimed whose after testing proved them fallacious, if not actually fraudulent, that the great mass of physicians have assumed a general attitude of skepticism.

They will accept nothing until it has proved itself under the most rigid scientific tests. Especially will they not accept or approve anything which maintains in any way an air of mystery or remains under private control.

For this reason the arrangements now made for this new tuberculine to be submitted to the imperial medical authorities of Germany for scientific test, analysis and experiment, meets the approval of the medical profession of the world.

Consistency is a Jewel.

From Leslie's Illustrated Weekly, Dec. 19th.

Everybody knows that reformers sometimes run wild. This applies particularly to those who love the glitter of the limelight and can't get along without it. In their eagerness for publicity, they go back on their records, reverse their decisions and make any kind of a verdict that they think will attract public attention and possibly win approval.

It is difficult to reconcile what our good friend, Dr. Wiley, has to say, in a recent issue of a popular magazine, on the subject of glucose or corn syrup, with what he has said so many times on the same subject. Everybody knows that American glucose is principally made from corn. It is regarded in all countries as a wholesome food product. In Germany glucose is made from potatoes and is known as "potato syrup." In China it is made from rice and is called "rice syrup." In this country probably fifty million bushels of corn are used annually in the production of corn syrup or glucose. As long ago as 1881, in the

Popular Science Monthly, Dr. Wiley said, "There is no reason to believe that a glucose or grape sugar, properly manufactured, is any less wholesome than cane sugar or maple sugar." In his report to Congress in 1899, he said, "In my opinion, glucose is not deleterious to health. It is wholesome, somewhat sweet and easily digestible."

We could quote a number of similar expressions of opinion by Dr. Wiley, in which he consistently maintained the healthfulness of corn syrup when properly manufactured. The processes of manufacture have been constantly improving and glucose has a higher quality today than ever before. It would be interesting to get behind the reasons which animate Dr. Wiley in attacking one of our greatest and most flourishing industries on the pretense that it is manufacturing an undesirable product.

The Contrast Between Law and Medicine.

From the Newark Evening News, Jan. 20th.

"Every lawyer when young," says G. M. Stratton, in the current Atlantic Monthly, "should be apprenticed to some good physician, and should return to him regularly through life. Then he might hope that from the neighboring profession of healing there might enter into him a spirit never to be wholly quenched by all the deadening influence of his work."

This conclusion is forced by a comparison between the spirit and methods of the two professions in which the progressiveness of medicine is made to stand out in bold relief against the ultra conservatism of law. Both are ancient and dignified, both, to quote Mr. Stratton again "touch life upon matters of equal importance," and each enlists ability of the highest order, but they are as far apart as the poles in temper.

"Our medical profession," says Mr. Stratton, "would rush the cup of cold water to the sufferer by the help of telephone and taxicab. Our legal profession would get it to him in the right way if it takes all summer." It would be difficult to state the difference in spirit more graphically or in fewer words.

The conservation of the law is ascribed to several factors, one of the principal of which is that the court and "its vast body of ministrants" is "an establishment" with us to which no rival is permitted. We have no established church—and our theology is progressive. While our public school system is an establishment, it is forced to compete with private schools of all grades and very materially benefitted thereby. But there is no such competition for the law, and as no opportunity is given to demonstrate how much better the work can be done, the work is done better.

Another cause of the attachment of the legal profession to form rather than substance is given as a fear of official oppression, which, it groundless, is nevertheless real. To protect the individual from the government our legal procedure is not only unnecessarily complicated, but still preserves unchanged its ancient mechanism. The decision of the judges whom we elect are subject to endless review by other courts. The very selection of our juries is hedged about with so many technicalities as to defeat their purposes often. In a word, we have all the ancient weapons against official oppression long after the danger of such oppression has ceased.

"Almost all our lawyers pass through the school of advocacy," says Mr. Stratton, as further explanation of the grave defects in our legal procedure. They are officers of the court, whose ostensible purpose is to secure justice, but in practice they are hired by an individual to win a case. The tendency of the attitude is to sharpen intellect "at the expense of character." "It trains to ingenuity and concealment." It is, therefore, a potent cause of "the lawyers' and the law's delay."

On the other hand, medicine depends upon natural science and must, therefore, advance with it, at least to a degree. Its immediate object and end does not conflict with the other great social ends. That is to say, "the doctor does not heal one man at the cost of another." He is not so hampered by a systeem as not to be free to experiment," to attempt some promising uncertainty, to accept and apply some daring scientific assurance." The result of it all is a progressiveness which the legal fraternity might study with great profit.

Therapeutic Notes.

Cancer—Oxidation In.

Dr. Charles F. d'A. Francis, of Brooklyn, N. Y., in a communication in the Medical Record, January 18th, says

Drs. Leo Loeb, McClurg, and Sweet publish in the Interstate Medical Journal the treatment of cancer by colloidal copper, thus producing fever or oxidation. Now, in the Medical Council, May, 1912, I stated any substance that would produce oxidation but not destroy normal tissue would overcome cancer. The above gentlemen have the same idea, and have proven my theory correct. (As a coincidence, they began the treatment of human cancer in May, 1912.) My formula is

℞ Sod. chloridi, 2.00,
Pot. sulphatis, 0.070,
Sod. sulphatis, 0.063,
Cal. phos, 0.075,
Magnesii phos., 0.055,
Hemoglobin, 3.25,
Aquæ bullient, 250. c. c.

Dissolve the NaCl in boiling water, filtering when cool; add rest of salts and hemoglobin. This dose by mouth an hour to an hour and a half before meals, more often if case is severe (of course on an empty stomach). With this formula I have cured two cases, one scirrhus of right breast in 1907, the other one this summer, a cancerous sore at fourchette, with a small tumor in right abdominal region. The second case got well in a month; the ulcer at the fourchette scabbed over in a week.

Chorea—Acute—Salicylates in Treatment.

Dr. N. K. Fromm, in the Albany Medical Annual, 1912, emphasizes the generally recognized intimate relation of chorea to rheumatism. The writer believes that enlargement of the thyroid, as pointed out by Clemens, should be considered as another link in the chain of rheumatic manifestations. The salicylates are practically specific in acute rheumatism—it would seem that we can conservatively say that they are at least useful, in the majority of ch-

oreic cases. While chorea is said by many to be a self-limited disease, the writer claims that salicylic acid shortens its course, and renders the ravages of the frequently accompanying endocarditis less severe.

Cholelithiasis—Medical Treatment of.

Dr. P. Mayer, in The Lancet, June 1, 1912, emphasized the point that the guiding principles in the treatment of cholelithiasis are derived from the well-established facts that stagnation of the bile is the fundamental condition for the production of concretions, and that in chronic inflammatory cholelithiasis infection plays the most significant role, infection in its turn being favored by stasis of the bile. Since the formation of stones is always a secondary phenomenon, it would be irrational to direct treatment exclusively against the stones themselves, because, even after the expulsion of some of the stones, if the stasis and inflammation continue, stones still remaining behind may grow larger, and new stones may form, as a consequence the conviction becomes more and more firmly established that the object of medical treatment consists not in the expulsion of the stones, but in the prevention of the formation of new stones by combating stasis and inflammation, and in bringing stones already present to rest, thus inducing a latency of the disease, which is in effect almost a recovery, since stones often remain for years as harmless foreign bodies as soon as the flow of bile becomes normal and the inflammatory process ceases.

In his experience of all the substances recommended for this purpose Mayer attributes a genuine value of salicylic acid only. Salicylate of soda with extract of belladonna he has often found valuable in practice. Nevertheless, he does not at all believe that the salicylic acid exerts its effects on account of its cholagogue action, but is much more strongly of the opinion that its chief influence is on the inflammatory symptoms. Consequently he has seen the best results with salicylic acid in acute and chronic cholecystitis, especially with simultaneous rest in bed and the application of hot compresses. In such cases he gives from two to four times a day a powder of sodium salicylate 0.5 gm. (8 gr.), and extract belladonna 0.01-0.02 gm. (⅛-¼ gr.), dissolved in warm water. With all the other so-called cholagogue agents, which are always being vaunted as curative agents for cholelithiasis, he has never obtained definite results. In his experience the value of the oil cure has not proved very great. The oil can be useful only for the simultaneous colitis or spastic constipation which not infrequently complicates cholelithiasis.

Conjunctivitis—Simple.

℞ Zinci sulphatis, gr. viij.
Tinct. opii, mxv.
Aq. laurocerasi, ʒij.
Aq. destill., ℥v.
Sig.: Apply on compresses.—Critic and Guide.

Gonorrhoea—Treatment of.

Dr. J. E. R. McDonagh states that the following prescription is occasionally of value in the treatment of gonorrhea:

℞ Copaibæ, mxv.
Pulv. Cubebæ, grs. xxx.
Potass. Iodid. (increasing doses), grs. x.
Spir. Ether. Nitrosi, mxv.
Mucilag. Acaciæ, ʒj.
Infus. Taraxaci vel Buchu, ad ℥j.

When this mixture is given there should be ordered injections twice daily of a 1 in 4-8 solution of hydrogen dioxide. The latter liberates the iodine derived from the potassium iodide. The iodine has a powerful destructive influence on the gonococcus.—The Practitioner.

Laryngitis, Tuberculous.

Locally, the author has derived the best results in these cases from a fresh 3 to 5 per cent. solution of formalin. The larynx should be first cleaned with an alkaline solution, and then a cotton swab saturated with the formalin rubbed over the surface. The burning sensation following is not especially painful except in the most advanced cases and may be prevented by applying cocaine beforehand. The throat feels clearer, and in many cases the cough is eased by this treatment. The author has seen early cases clear of any signs of laryngeal trouble in one week, but the average case generally extends over a period of several weeks or months.

The action of the formaldehyde on the area involved causes a fibrous encapsulation of the tuberculous process, walling it off or destroying it by a slow process of fibrous transformation. As long as these areas remain in a quiet condition no trouble need be feared, but if this protective wall is broken down the old focuses will invade new areas, and recurrences are as a rule more severe and harder to conquer than the primary lesions.

When an irritating cough is present good results may be obtained from intratracheal injections of guaiacol, menthol, camphor, and eucalyptus with a base of olive oil, 2 to 5 c.c. being used. Guy H. McFall, in the Journal of the Michigan State Medical Society, July, 1912.

Nipples—Fissured.

After each feeding the nipples are washed with 25 per cent. alcohol and one of the following solutions then applied:—

℞ Balsami Peruviani,
Tinct. arnicæ, of each, fʒij.
Liq. calcis, f℥iss.
Ol. amygdalæ expressi, f℥iij.
Misce.—Rudeaux and Cartier.

As a preventive the following may be used:

℞ Tr. benzoini comp., m xv.
Ol. olivæ, fʒij.
Lani, ʒvj.
M. Sig.: Apply on a piece of lint, after nursing, during first two or three weeks.—Merck's Archives.

Oral Antisepsis.

P. Carles, in Lyon medical, is credited with the following solution for use in the presence of malodorous breath or of beginning dental caries:

℞ Tincturæ iodi, Gm. 20.
Potassii iodidi, Gm. 1.
M. et ft. solutio.

From 1 to 3 drops of this are to be placed in a quarter-glassful of tepid water and the mouth carefully rinsed therewith each day. With solutions of this strength the teeth are not rendered yellow, even after the iodine has been used for several months.—N. Y. Med. Jour.

Psoriasis—Treatment of.

Dr. J. M. Winfield, of Brooklyn, N. Y., says that while the parasitic theory of psoriasis has much in its support, the belief that this disease is the expression of some disturbance in metabolism seems to be nearer to the solution of the problem. Acting on this supposition he has for some years been treating his patients with lactic acid and colonic irrigation, assuming that the intestinal autointoxication was an etiological factor of the disease. Lactic acid disinfects the alimentary canal by its antiseptic action; colonic irrigation washes out decomposing matters, stimulates peristalsis, improves the intestinal circulation, relieves passive inflammatory conditions, and increases the skin resistance by improving general health. Analysis of his cases, forty in number, is given by the author. In twenty-three cases the attack was cured and in sixteen there was improvement. Thirty of the cases had only lactic acid and irrigations; in the other ten chrysarobin ointment was also used. The general results were far better than when the other well-known measures were employed.

Varicose Ulcer.

After thoroughly cleansing ulcer and neighboring tissue with green soap apply the following:

℞ Phenolis, gr. xxx.
Acidi borici,
Camphoræ, of each, ʒij.
Ichthyolis, fʒv.
Ol. amygdalæ expressi, fʒiiss,
Zinci oxidi, ʒv.
Lani, ℥ij.

—Med. Council.

Vomiting—Intractable.

℞ Picrotoxine,
Heroine hydrochloride,
Cocaine hydrochloride, of each, gr. 0.05.
Atropine sulphate, gr. 0.01.
Cherry-laurel water, gr. v.
Chloroform water, enough to make c.c. 100.

Sig.: A teaspoonful in half a glass of sugar-water before meals.—Tribune medicale.

Wright's Solution in Infected Wounds.

Lotio Sodii Citratis.

℞ Sodii citratis, gr. ij.
Sodii chloridi, gr. xx.
Aquæ, q. s. ad f℥j.

This combination acts by virtue of the properties inherent in the two sodium salts, and they are quite different. The sodium citrate dissolves the plasma or albuminous substance which is thrown out from the inflamed tissues, while the sodium chloride by its osmotic action keeps up a continuous flow of serum, which washes away the wound products. In other words, the sodium citrate prevents coagulation and the sodium chloride produces irritation. Both these processes are desirable in any infected wound to insure efficient elimination of its debris.—International Jour. of Surgery.

Hospitals and Infirmary.

Bayonne Hospital.

At a meeting of the board of directors held Feb. 13th, the by-laws were amended so that any person needing hospital care may be admitted upon presenting a written order from any qualified physician in the city. The question of allowing all physicians to use private rooms for pay patients was deferred owing to the crowded condition at present, it is hoped that a wing will soon be added to the hospital that will permit such use.

Beth Israel Hospital, Bayonne.

The second annual ball of the Hospital Association last month resulted in adding about $500 to the building fund of the Association, which already amounted to over $4,000.

Hackensack Hospital.

Mr. Frederick A. Van Vorst, of Hackensack, recently presented the Hackensack Hospital with $1,000 through Dr. St. John, to be applied to the generol work of the hospital. The same generous donor last year gave the hospital a check for $1,500.

We have received the 24th annual report of this hospital. From the report of Dr. David St. John, President of the Medical Board we gather the following:

738 patients were treated from June 1, 1911, to June 1, 1912, in the hospital and 183 in the Dispensary and 47 obstetrical cases.

There were treated in the various departments of the hospital, the following: 297 surgical cases with 21 deaths; 151 medical with 25 deaths; 94 diseases of women with 2 deaths; 66 diseases of nose and throat with one death (retropharyngeal abscess); 26 diseases of eye; 14 diseases of ear, 2 of the skin; 23 nervous and mental with 3 deaths; 24 genito-urinary with 1 death (gangrene of penis and rectum); 47 obstetrical cases. There were also treated in Dispensary the following cases: 125 surgical; 25 medical; 6 diseases of women; 7 of eye cases; 4 of ear; 5 of skin; 2 of nervous diseases; 5 of genito-urinary and 4 of nose and throat cases.

359 operations were performed in hospital and dispensatory. 365 patients were treated in wards free; of the balance—who paid—221 were treated in private rooms and the others in wards. The Hospital maintains a Training School for Nurses from which four graduated last year.

Memorial Hospital, Morristown.

Memorial Hospital has issued a statement showing 11,058 days' treatment accorded charity patients in the years 1911 and 1912. The list does not include patients who have had the use of endowed beds or those who have paid any part of their bills.

Memorial Hospital's Deficit.

Viewed from one angle, it is cause for regret that Orange Memorial Hospital closes its fiscal year with a deficit of about $10,000. In another aspect, however, the deficit is evidence of the constantly widening work of an efficient philanthropy. Like colleges, the hospitals which are doing the finest work are those most likely to be in constant need of funds.

Nevertheless, a hospital is a business proposition as well as an altruistic one, and deficits, however eloquently they may testify to a work broader than a merely commercial motive would warrant, cannot be habitual. The publication of the items in the year's accounting should serve the desired purpose. The community benefited by the hospital should prove, in the only practical way, its appreciation of what has been done and of what is to be done.—Newark Evening News.

Mercer Hospital, Trenton.

At the meeting of the Board of Managers of Mercer Hospital held January 20th, the following staff was elected:

Medical board—Medical director, Dr. George H. Parker; consulting surgeons, Drs. Thomas H. MacKenzie, Joseph M. Wells; consulting physicians, Dr. Samuel S. Stryker, William A. Clark; consulting neurologist, Dr. Henry A. Cotton; attending surgeons, Drs. Nelson B. Oliphant, George H. Parker, David B. Ackley, Paul L. Cort; attending physicians, Drs. George R. Moore, Walter A. Taylor, William A. Newell; gynecologists, Drs. Joseph B. Shaw, Edward S. Hawke; opthalmologists, Drs. Charles F. Adams, Charles J. Craythorn; rentgenologist, Dr. Charles H. Holcombe; pathologist, Dr. Fred S. Hammond.

Assistant staff—Medical—Dr. Fred S. Watson to Dr. Cort; Dr. Lawrence H. Rogers to Dr. Moore; Dr. Paul E. Kuhl to Drs. Taylor and William A. Newell.

Surgical—Dr. Frank G. Scammell to Dr. Oliphant; Dr. Clarence J. Slack to Dr. Parker; Dr. R. W. Davison to Dr. Ackley.

Gynecological—Dr. R. H. C. Phillips to Dr. Hawke; Dr. A. D. Hutchinson to Dr. Shaw.

Opthalmological—Dr. D. M. Yazujian to Drs. Adams and Craythorn.

Pathological—Dr. Charles H. Waters to Dr. Hammond.

Out-patient department—Surgical, Drs. Lawrence H. Rogers, Wilbur Watts; eye, Dr. D. M. Yazujian; nerve, Dr. E. B. Funkhauser.

Monmouth Memorial Hospital.

Treasurer Sherman reported last month that over $81,000 was expended last year, of which $27,500 was spent in improvements contributed by three persons. $10,000 was the appropriation by the Board of Freeholders and $1,000 was received from the estate of Isadore Straus.

Mountainside Hospital, Montclair.

That the Mountainside Hospital of Montclair carried on more work in the last year than in the year previous, is the tenor of reports read at the annual meeting of the board of governors held Jan. 30th, at the nurses' home of the hospital in Highland avenue, that town.

The number of patients admitted last year was 1,363, which was 207 more than the year before. Of this total, 302 were free patients. The daily average was 58, and the highest 84, an increase of 10 a day over the preceding year.

In the children's ward there were 74 patients, an increase of 32 over the preceding year. Two resident internes have been engaged for the year.

Muhlenbergh Hospital, Plainfield.

Made possible by the popular subscription campaign inaugurated a year ago when the citizens of Plainfield contributed $137,000 toward a greater Muhlenberg Hospital, a private pavilion ward is being erected as an addition to the group of structures at the institution and will be compelled early in the spring. At that time it is expected that the Closson-Edgerton maternity building will be finished.

The private pavilion faces Park avenue and is three stories in heighth, 40x100 feet in dimensions. It is constructed of tapestry brick with stone trim. The whole structure is both fire and sound proof.

The Edgerton Memorial Obstertical Pavilion, 150 feet distant, will be connected by a sheltered corridor, and this structure will face Randolph road. This building will contain a public ward, nursery, preparation-room, operating-room, diet kitchen and other appointments, with a solarium facing the south.

St. Peter's General Hospital, New Brunswick.

The fifth annual report of this hospital has recently been issued.

The hospital contains a ward for male patients with fourteen beds, two wards for female patients, one with ten beds and one with four beds. There are eighteen rooms for private patients, and three semi-private rooms, with three beds each. The operating room is carefully constructed and well appointed and equipped with the most modern surgical instruments, X-ray apparatus, microscopes, etc., and can be used at any hour of the day or night. There is also an operating room for minor operations. Each floor is equipped with a serving room, directly connected with the kitchen.

During the past year a large handsome Home for the Nurses has been built containing a large community parlor and rooms for nineteen nurses, at a cost of $12,000. The hospital has a Training School for Nurses.

During the past year 1,012 patients were treated in the hospital and 1,237 outside patients were treated in the Dispensary. There were discharged during the year: 879 cured; 27 improved; 7 unimproved; 39 deaths, 18 deaths within 24 hours after admission; remaining in hospital, December 31, 1912, 42. Average day's stay of patients in hospital, 14 days; collective days of stay, 14,297. Average cost per day per patient $1.55. Number of free patients 567; pay patients, 445. Six hundred and fifty-two operations were performed, including 215 appendectomies; 70 laparotomies; 21 Gilliam operations; 24 herniotomies; 11 hysterectomies; 14 nephropexies; 11 perincorrhaphies; 13 trachelorrhaphies and 11 ventral fixation operations. In the medical division the largest numbers of cases were: acute articular rheumatism, 37; typhoid fever, 24, with two deaths; pneumonia, 23, with four deaths; neurasthenia, 16; alco-

holism 11 with one death. Among the other deaths were: four appendectomy; 7 from apoplexy and paralysis; 9 from cancer; 2 from cerebro-spinal meningitis; 4 from valvular heart disease and 4 from phthisis.

Paterson Eye and Ear Infirmary.

The twenty-ninth annual report of this Infirmary for the year 1911-12 has been received, from which we take the following:

The report of Dr. Walter B. Johnson, Executive Surgeon, shows the following:

New eye patients 781, carried forward 139. New ear patients 347, carried forward 46. New throat patients 500, carried forward 58. Total number of patients treated, 1,871.

The number of visits made by these patients for treatment was 12,303—average daily attendance, 41; number of clinics held, 305; number of operations performed at the Infirmary, 261.

The report gives in detail the various diseases and conditions treated as follows: Lids and brows 106; conjunctiva, 258; lachrymal apparatus, 13; cornea, 114; sclera 7; iris and ciliary body, 24; lens, 31; refraction and accommodation, 235; choroid, 37; optic nerve and retina, 21; vitreous, 3; globe, 6; muscles and nerves, 51; glaucoma, 1; amblyopia, 4; miscellaneous, 26.

Ear Department: Auricle, 15; external auditory canal, 116; middle ear and mastoid, 243; labyrinth, 4; miscellaneous, 21.

Throat Department: Nose and accessory sinuses, 258; mouth, palate and tonsils, 219; pharynx, 210; larynx, 50; trachea and lungs, 4; miscellaneous, 42.

Operations: Eye, 47; ear, 87; nose and throat, 178.

The report also shows: Expenses, $2,000; receipts, $2,700, beside two legacies of $1,000 each; $500 placed to building fund account; $200 balance on hand. Legacies placed in endowment fund.

Hospital at State Home for Feebleminded.

Dr. Madeleine Hollowell, Medical Superintendent of the State Home for Feebleminded Women, is particularly proud of the hospital building just finished. The structure is in the nature of a monument to the endeavors of herself and the Board of Managers in behalf of the wards of the State. The building is a model of its kind and is calculated to last at least two hundred years. There is very little wood about it and so little damage could be done by fire. The building is of pressed brick and the partitions and floors of concrete. It is built to accommodate one hundred persons and Dr. Hallowell thinks six hundred dollars per capita is not very expensive for two hundred years.

State Hospital, Trenton.

At a meeting of the board of managers of the N. J. State Hospital for the Insane, held February 13th, Dr. Clarence B. Farar was appointed second assistant physician to fill the vacancy occasioned by the resignation of Dr. William C. Sandy who had served most acceptably for several years, and resigned to accept the position of physician in the State Hospital at Kings Park, N. Y.

Dr. Farar was graduated from Johns Hopkins University, was for 10 years clinical director of the Sheppard Pratt Hospital, Baltimore, took two years study of mental diseases at Heidelberg and afterward became professor of psychiatry at Johns Hopkins University.

The new home for the male nurses at the State Hospital has been finished except for a few hours' work, and is ready for the furniture. In addition to the numerous bedrooms, there are large social rooms for the nurses, and shower and tub baths. The new building is of brick, three stories high, and is in front of the main hospital building, near the trolley station.

Hospital for Egg Harbor.

The local board and the City Council are planning to erect a modern hospital for contageous diseases. Dr. Myrtle G. Frank and Mayor Mueller have been examining similar hospitals elsewhere. A sum of money was bequeathed to the city for the purpose though not sufficient to cover the entire cost.

Mount Sinai Hospital, New York.

At the annual meeting of the board of directors of this Hospital last month, Dr. Abraham Jacobi, in speaking of the future of Mount Sinai Hospital, pointed out the necessity for the doctor to have a working knowledge of the various branches of the medical profession. "The running after a specialist has become a great fad," he continued. "The general practitioner has lowered himself to the position of advertising agent to the specialist. That must be stopped. The family physician who declines to make his own examination on his own premises should be replaced by one who will."

He made a plea for more pathological work in the new building which is to be erected near the present hospital when the necessary money is forthcoming. In this regard he declared that "physiological chemistry has a greater future." —N. Y. Tribune.

Deaths.

CORSON.—At Bridgeton, N. J., February, 1913, Dr. Francis F. Corson, of Bridgeton, aged 65 years.

Dr. Francis F. Corson was the son of a Methodist minister, Rev. John J. Corson, and was born in Tuckahoe, N. J.

As a young man he fitted himself for a medical profession, graduating from the University of Pennsylvania in 1869, and practiced many years. In his early career as a physician, he was a steamship surgeon for 2 years upon a line from Philadelphia to Liverpool and had travelled much upon the continent. He developed into a recognized expert authority in mental diseases and made that nearly all of his life work and gave years to institutional work. At one time he was connected with the Kirkbride Asylum in Philadelphia. He was a resident physician at the State Hospital for the Insane at Trenton, and refused an invitation to take charge of the institution. New Jersey selected him as Superintendent of the State Village of Epileptics at Skillman and he was the practical head that organized the institution and open-

ed the broad field of usefulness for the school. He also served some time as resident physician of the Home for Feeble Minded Women in Vineland.

Dr. Corson fell as he was walking home and expired before he could be lifted from the pavement. In meeting the Mayor just before his fall he remarked that he had been having some trouble with his heart. Some six weeks before he predicted that his death would occur suddenly.

Both in New Jersey and Pennsylvania Dr. Corson had a wide personal acquaintance with public men, men of national as well as State reputation. Especially was this true in New Jersey and there will be many who will deplore his sudden death. Dr. Corson was a man among men, a courtly, well bred gentleman, with whom it was a pleasure to mingle and associate. Intelligent and informed, widely travelled, he was a fascinating conversationalist, and one never tired of his discussions and narrations.

For fifteen years or more he has lived quietly in Bridgeton, retired from the profession which he many years adorned. Here he became acquainted with very many people and everyone regarded him with the greatest esteem and those who knew him most were execeedingly fond of him. Extremely modest, Dr. Corson must know one well to give his confidences, but to those who were privileged to know him intimately, he was a most charming gentleman and delightful companion. Possessed of some money Dr. Corson had been for some years interested in the development of seashore property at Ocean City and Corson's Inlet. He purchased much real estate in these places in their early days, most of which he had disposed of. He spent much of his summers along the shore, usually living in one of his own homes. He took a great interest in yachting and was a member of the Ocean City Yacht Club.

Since Dr. Corson has been in Bridgeton he has made his home with his sister, Mrs. Isaac Smith, who but very recently died at the East avenue home. One who knew him well says:

"Bridgeton suffers loss in the death of Dr. Corson. He will be missed in a wide circle of earnest friends. His associates in his clubs will miss him greatly. He will be missed in church circles, as he was a constant church attendant. The community loses a man who was a good citizen, a clean man, an honest man. The fifteen years he has given to Bridgeton have been a great gain to this city."

FISCHER.—At Paterson, N. J., February 22, 1913. Dr. George Fischer, from pneumonia, after a few days' illness, aged 47 years.

(Further notice of Dr. Fischer will appear next month.)

PERRY.—In the Muhlenberg Hospital, Plainfield, N. J., February 4, 1913, Dr. James L. Perry, aged 71 years. Dr. Perry was born in Massachusetts. He retired from practice about ten years ago, and has been living with his son in Plainfield.

Dr. B. D. Evans Addresses Men's Club.

"The relation of the public to the States dependents and the education of the public relative to this important problem," was the subject of an address by Dr. B. D. Evans, Medical Director of the New Jersey State Hospital at Morris Plains, before the "Mens' Club" at Bernardsville, on February 9, 1913. He referred to the recent studies in Eugenics and Euthemics being carried on at the State Hospital and showed how they might in time point a way which if followed would aid in materially checking the production of dependents and also spoke of the wisdom of sterilization and segregation as prophylactic methods of treating criminals and feeble-minded in an endeavor to better the human race.

Personal Notes.

Dr. Elmer Barwis, Trenton, was presented with the grand decoration at the fiftieth anniversary celebration of Mercer Lodge of Perfection, A. A. S. R., at Trenton, January 31st.

Dr. Frances W. Bennett, Atlantic City, returned to his home and work last month after spending several weeks attending clinics in New York and Philadelphia.

Dr. Alice B. Condict, Orange, delivered an illustrated lecture in the First Methodist Church Newark, last month, on "Missionary Work in India," where she had for several years labored as a missionary.

Dr. Harold D. Corbusier, Plainfield, has been appointed, by the mayor, a member of the local Health Board.

Dr. G. K. Dickinson, Jersey City, discussed Dr. E. A. Weiss' paper on "Feticide" at the annual meeting of the Amer. Assn. of Obstetricians and Gynecologists at Toledo, Ohio.

Dr. John W. Donges, Camden, was elected last month a director of the Camden National Bank.

Dr. H. C. Harris, Glen Ridge, has been elected president of the local Board of Health.

Dr. Levi B. Hirst, Camden, has an able paper on "Intubation" in the February issue of the County Society's Medical Journal.

Dr. Edward J. Ill, Newark, discussed the paper of Dr. E. A. Weiss on "Some Moral and Ethical Aspects of Feticide," and also Drs. J. E. Sadlier and R. B. Hall's papers on "Uterine Fibroids" at the annual meeting of the American Association of Obstetricians and Gynecologists, at Toledo, Ohio.

Dr. William I. Kelchner, Camden, came near meeting with heavy loss from burglars recently while he was at the Wildwood Emergency Hospital one night recently. His wife heard them at work downstairs and screamed loudly, after raising the window for help, when the burglars ran leaving a large quantity of silverware they had selected.

Dr. William A. McMurtrie, Mendham, last month spent a few days visiting his parents at Belvidere.

Dr. Emery Marvel, Atlantic City, was a member of a committee that visited Washington, D. C., last month, in the endeavor to get an appropriation from Congress of $45,000 for the dredging of Absecon Inlet.

Dr. John H. Moore, Bridgeton, has been elected president of the Bridgeton Board of Education.

Dr. George N. J. Sommer, Trenton, spent his vacation of two weeks in Florida last

month. Dr. James J. McGuire acted as county physician during his absence.

Dr. W. Blair Stewart, Atlantic City, last month entertained Dr. and Mrs. H. Z. Giffen, of the Mayo Sanatorium, Rochester, Minn.

Dr. Wellington Campbell, Short Hills, was quite ill at his home last month, but is recovering.

Dr. James Hunter, Westville, and Dr. H. A. Stout, Wenonah, addressed the Boards of Education and the Medical Inspectors of School at their meeting for organization at Woodbury, last month.

Dr. William H. Lawrence, Jr., Summit, delivered a lecture on "First Aid to the Injured in the Woman's Institute, Summit, last month. The doctor is also acting as health officer of Summit until the vacancy in that office is filled.

Dr. David St. John, Hackensack, gave a very interesting story in the February issue of The National Sportsman, detailing the experiences he had with Drs. Brinkman, Payne, Burnap and Fordyce B. St. John during a hunting trip in the wilds of Canada. It is illustrated from photographs taken by the doctor, and many things, humorous and otherwise, are given publicity. The party spent several weeks hunting moose in Western Quebec.

Dr. William J. Condon, New Brunswick, is receiving congratulations. It is a daughter who arrived last month.

Dr. Lawrence P. Runyon, New Brunswick, who was ill with severe grippe and complications, has recovered and resumed work.

Dr. Joseph B. Shaw, Trenton, has returned from a month's visit in St. Petersburg, Florida.

Dr. B. Van Doren Hedges, Plainfield, was elected vice-president, and Dr. F. E. Du Bois Secretary, of the Plainfield Anti-Tuberculosis League, recently.

Dr. Raymond D. Baker, Summit, has been elected lecturer in the department of clinical medicine by the faculty of the New York Polyclinic Medical School and Hospital.

Dr. Alice B. Condict, Orange, spoke at a meeting of the W. C. T. U., last month, on "Medical Temperance."

Dr. Elbert S. Sherman, Newark, and wife, have been spending a few weeks in Cuba.

Gale, Dr. George B., has been elected Medical Director and Treasurer of "The Bancroft," formerly the Bancroft Health Resort, Butler, N. J.

Dr. Britton D. Evans, medical director and Dr. E. Moore Fisher, senior assistant of the State Hospital, Morris Plains, represented that Institution in the Eugenic's Section of the American Breeders' Association, which met in connection with the National Congress Show, at Columbia, S. C. They were the only delegates present from New Jersey.

Dr Francis H. Glazebrook, Morristown, who was ill with an attack of grippe, has recovered.

Dr. Bonn W. Hoagland, Woodbridge, spent a few days in central New York State last month.

Dr. Harry E. Shaw, Long Branch, and wife, have been spending a few weeks at Miami, Florida.

Dr. Emma M. Richardson, Camden, was elected last month, president of the Day Nursery, Camden.

Dr. William A. Davis, Camden, and wife, are visiting their daughter at Jackson, Miss.

Dr. Grafton E. Day, Collingswood, was elected first vice-president of the local Home Owners' Civic Association.

Book Reviews.

MEDICAL MEN AND THE LAW. A MODERN Treatise on the Legal Rights, Duties and Liabilities of Physicians and Surgeons. By Hugh Emmett Culbertson, Esq., member of the Ohio and New York Bars; Contributing Editor to many Legal Publications. Octavo, 325 pages. Cloth, $3.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

The various relations of the medical man to the law are quite fully presented under the following heads: Who may practise medicine and surgery; Relation of physican to patient; Compensation; Malpractice or negligence; Criminal liability of physicians and surgeons; Physicians and surgeons as witnesses, etc. This volume contains much practical information for the medical man and is also valuable as a reference book—its numerous foot-notes directing the reader to fuller details on any particular point.

MECHANICAL VIBRATION, ITS PHYSIOLOGICAL Application in Therapeutics. By M. L. H. Arnold Snow, M. D. Author of "Mechanical Vibration and Its Therapeutic Application." Professor of Mechanical Vibration Therapy in the New York School of Physical Therapeutics; Associate Editor of the Journal of Advanced Therapeutics; Late Assistant in Electro-Therapeutics and Diseases of the Nervous System in the New York Post Graduate Medical School, etc. Published by Scientific Authors' Publishing Co., 329 West 57th street, New York. Price, $3.50.

Drugless therapy is attractive alike to many patients and physicians and in the hands of those scientifically educated is of much value, especially in those cases, which have given undue reputation to massage and osteopathy. The principles of mechanical vibration are well set forth. The illustrations are numerous and helpful.

BOOK NOTICES.

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago, Volume I. Number VI. (December). Octavo of 153 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Published Bi-monthly. Price per year: Paper, $8.00. Cloth, $12.00.

Second Annual Report of the State Charities Commission to the Hon. Charles S. Deneen Gov. Illinois, Springfield, Ill., Dec., 1911.

E. Merck's Annual Report of Recent Advances in Pharmaceutical Chemistry and Therapeutics, Vol. XXV-1911 Darmstadt, 1912.

Infant Mortality—Report of the Public Welfare Committee of Essex County. Illustrated, by Julius Levy, M. D.

Anesthesia by Phargngeal Insufflation. By Frank Wilcox Pinneo, M. D., Newark.

Spinal Analgesia—Development and Present Status of the Method, Dr. W. S. Bainbridge, New York.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Arizona, October	11	9	2
Arkansas, November	33	23	10
California, December	134	89	45
Kentucky, December .	19	18	1
Maryland, December .	66	44	22
Maryland, Homeopathic	1	1	0
Missouri, October	48	40	8
Rhode Island, January	5	5	0
South Carolina, June	128	91	37
Virginia, December*..	58	42	16
Wyoming, October ...	3	3	0

*Among the 42 applicants passed were two colored women—the first of their race admitted to practice in Virginia.

N. J. State Board of Examiners.

The following new rules of the State Board of Medical Examiners are now in force:

All applicants for a medical student's certificate upon credentials from foreign countries other than those in which English is the language of the people, all or any part of which is earned or issued in said foreign countries, must pass a special examination in English. No counts are granted in the special English examination.

This Board will not consider a course of lectures in which the applicant has been conditioned in more than one subject satisfactory, unless these conditions shall have been passed off before entering a subsequent course. If the student be conditioned in a number of subjects sufficient to prevent him from advancing to a higher grade in the same college, that year will not be considered as one of the four courses required by this Board, even though at another college he be allowed to enter an advanced class; but he must take that entire year over, whether at the college where he failed or at another one.

A student who graduates from a school which was in good standing at the time of the issuance of his diploma, will be eligible for examination or indorsement. Should the rating of a school be changed before the completion of his course, the student will be given full credit for all years completed before that time; and for the remaining years such credit as shall be determined by this Board.

Federation of State Medical Boards.

This Federation held its annual meeting at the Congress Hotel, Chicago, Ill., on Tuesday, February 25, 1913.

Papers presented on the following subjects: "Is Universal Reciprocity to be Desired?" "Should Medical Boards Require One or More Years of College Work Preliminary to the Study of Medicine?" "Should One or More Years in a Hospital be Required for Admission to the Examination for Medical Licensure?" "Rules and Regulations Governing Examinations for Medical Licensure;" "Qualification of Examiners;" "What Fee Should be Required for the Examination?" "Benefit of Having a Single Federation of State Medical Boards and Method of State Board Record Keeping;" "Means of Keeping Politics out of State Board Affairs."

The authors of these papers are men eminently qualified, by years of experience, to present able papers. Not only members of examining boards but also all others interested in securing the best results in medical education and legislation. The officers are: President, Arthur B. Brown, M. D., New Orleans; Vice-president, Cahs. H. ook, M. D., Natick, Mass., P. H., Tatman, Eureka Springs, Ark., Secretary-treasurer, George H. Matson, M. D., Columbus, Ohio.

Supreme Court Upholds State Board.

At the session of the Illinois Supreme Court in Springfield, October 26, Sections 9 and 10 of the medical practice act, which provide additional penalties for second offenses in the case of persons convicted of practicing medicine without a license, were sustained. In an opinion given in the case of Mrs. J. Dunn, fined $200 in the Municipal Court for treating cancer without a license, the constitutionality of the law was attacked on the ground that it was a general act giving special privileges to the State Board of Health, but this the Supreme Court denies. (This Board is the Medical Examining Board in Illinois.—Editor.)

Public Health Items.

Montclair Health Board.

The death rate in Montclair during January was 8.2 per 1,000, according to a report of Health Officer Chester H. Wells, of that town, at a meeting of the Montclair Board of Health, Feb. 11. The rate is based on an estimated population of 25,000. Two cases of diphtheria were reported.

Measles Epidemic in Camden.

During the month ending Feb. 15, Dr. John F. Leavitt, Medical Inspector, of the Board of Health, said one hundred and eighteen cases were reported to the Board and ninety-two more were reported during the following five days.

Epidemic of Appendicitis.

An epidemic of appendicitis prevailed at the St. Francis Industrial School at Eddington, near Philadelphia, last month. Thirty-three of the boy students were operated upon by Dr. Ellwood Kirby in a Philadelphia hospital. Dr. Kirby stated that he believed the large number of cases was due to some microbe disorder and will make an investigation at the school. The boys' ages ranged from twelve to fourteen years.

Varioloid Epidemic in Monmouth County.

Investigations by the State Board of Health disclosed that the epidemic of varioloid, which started in Freehold and spread through six townships in Monmouth County, had its origin with a colored man who came from the South last April. This mild form of smallpox, which was diagnosed as chicken-pox, had given the authorities a good deal of concern. The fact

that the disease was allowed to spread for a period of nearly six months unchecked is one of the things that the board is still investigating. Thus far it has been discovered that there have been at least ninety cases of the disease, all of which were first taken for chicken-pox. The State board began a campaign of vaccination and thus averted an outbreak of smallpox in more serious form.

What Vital Statistics Should Be.

Vital statistics are, in short, not vital; they deal with death, not life, with the "finished product" only of our slack, slipshod methods. They ought to deal, not with the dead, but who they were, and why and how they died, and why they were not saved. Suppose the factory manager merely knew at the end of the year his total product! Suppose that even this piece of information related, not to the way business went last year, but to the way it went five years before! The modern scientific manager must know not just the total product, he must know also all about the product, the kind, the quality, the cost, and why it is not better for the price. The modern vital statistician must know not only the deaths, but why the health department is not stopping them; what its funds are; how they are spent or wasted; what work is being done; how much of value each division does; and all to one end of saving life.—Hill in Journal-Lancet.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, January, 1913.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending January 10, 1913, was 3,119. By age periods there were 488 deaths among infants under one year, 211 deaths of children over one year and under five years and 1,096 deaths of persons aged sixty years and over.

Deaths from diphtheria show an increase no doubt partly due to a somewhat wider prevalence of the infection which generally occurs during the colder months, but failure to employ antitoxin early in every case is the most important factor in accounting for increased fatality.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending January 10, 1913, compared with the average for the previous twelve months, the average is given, in each case, in parentheses:

Typhoid fever, 34 (27); measles 5 (24); scarlet fever 23 (13); whooping cough, 11 (18); diphtheria, 70 (40); malarial fever, 0 (3); tuberculosis of lungs, 271 (304); tuberculosis of other organs, 22 (48); cancer, 177 (165); diseases of nervous system, 361 (346); diseases of circulatory system, 469 (398); diseases of respiratory system, (pneumonia and tuberculosis excepted), 230 (207); pneumonia, 306 (236); infantile diarrhoea, 60 (194); diseases of digestive system (infantile diarrhoea excepted), 188 (184); Bright's disease, 248 (235); suicide, 26 (34); all other diseases or causes of death, 618 (616); total 3,119 (3,092).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens received from suspected cases of diphtheria, 1,200); tuberculosis, 559; typhoid fever, 225; malaria, 21; miscellaneous specimens, 83; total, 2,088.

Division of Food and Drugs.

During the month ending January 31, 1913, 492 samples of food and drugs were examined in the State Laboratory of Hygiene, the results being as follows:

The following were found to be below standard: 12 of the 216 samples of milk; the one of beef carcass; 12 of the 66 of butter; the one of veal, carcass; 6 of the 24 of vinegar; two of the 8 of bay rum; the one each of carbolic acid, peroxide hydrogen and tincture opium; the three of spirits niter; 5 of the 7 tincture iodine; 35 of the 38 of witch hazel.

The following are the articles of which all the specimens were found above standard: The 5 of brandy; 9 of cheese; 39 of spices, 12 of cordials; 22 of cream; 5 of lemon and 2 of vanilla extracts; 2 of maple syrup; 3 of whiskey; 6 of hair tonic; 10 of Jamaica ginger; 5 of toilet waters, and one each of chocolate, oleomargarine, spts. peppermint and Swetzer's compound.

Nineteen suits were instituted against persons whose articles were found to be below standard.

Samples of oysters examined from various oyster beds during the month were 31.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 384 dairy inspections were made as follows, the columns give the number inspected and the number found to be 60 per cent. above and 60 per cent. below the perfect mark:

County.	Number inspected.	Above 60%.	Below 60%.
Burlington	34	9	24
Camden	9	2	7
Essex	17	16	1
Gloucester	10	4	6
Hunterdon	15	12	3
Mercer	63	20	32
Middlesex	8	5	2
Monmouth	5	3	2
Morris	1	1	0
Salem	113	22	91
Somerset	36	11	25
Sussef	13	13	0
Union	7	7	0
Warren	2	1	1
Wyoming, Pa.	45	37	8
Susquehanna, Pa.	6	6	0
	384	169	202

Number of dairies stopped from producing milk for sale, 13.

Number of dairies; initial inspection.....132
Number of dairies; reinspection.....252
Milk depots inspected 5
Water samples collected from dairy premises 3

Inspections were made at the request of the following local boards of health: Atlantic City, Bernards township, Bound Brook, Dunellen, East Orange, Gloucester City, New Brunswick, Orange, Salem, South Orange, South Orange Township and Trenton.

CREAMERIES INSPECTED.

Baleville, Bevans, Greenville, Harbourton, Hopewell, Johnsonburg, Middlebush, Monroe 2, Newark 7, New Brunswick, Paterson, Quarryville, Sussex 2, Warbasse, White House, N. J., and Lemon, Pa. Total, 24. Number of creamery licenses recommended, 4.

ICE CREAM FACTORIES INSPECTED.

Belvidere 2, East Orange, Hamburg, Jersey City 10, Newton 4, Orange, Phillipsburg 2. Total, 21. Ice cream factory licenses recommended, 4.

During the month ending January 31, 1913, 149 inspections were made in cities and towns. The largest number in any cities were: Camden, 9 inspections; Hoboken, 7; Jersey City, 12; Newark, 14; Paterson, 10; Trenton, 13.

The following articles were inspected during the month, but no samples were taken: Milk, 789; butter, 466; food, 948; drugs, 355; liquors, 8.

Other inspections were made as follows: Milk wagons 233, milk depots 55, grocery stores 368, drug stores 25, slaughter-houses 18, meat markets 23, wholesale meat houses 2, butter and egg stores 4, fish markets 2, pickling establishments 9, cold storage warehouses 21, creameries, 2.

Meat inspections: Beef carcasses, 2 passed; hog carcasses, 40 passed, 1 condemned; calf carcasses, 2 passed.

Division of Foods, Drugs, Sewerage and Water

Total number of samples analyzed in the water laboratory, 197; public water supplies, 133; private water supplies, 14; State Institution water supplies, 12; bottled water supplies, 2; dairy water supplies, 5; sewage samples, 31.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, Blackwood, Bridgeport, Camden, Dover 2, East Orange, Garfield, Gloucesetr 2, Haddonfield 2, Kearny (Soldiers' Home), Lambertville, Maple Shade, Midland Park, Millville, Moorestown 2, Morris Plains 7, Mount Holly 2, Newark, New Brunswick, Palmyra, Rahway, Rahway (State Reformatory), Raritan 4, Skillman (State Village for Epileptics) 3, South Amboy, Trenton (State Home for Girls), Vineland (State Institutions), Wharton, Woodbury, Wrightstown.

Watershed inspections at Elizabeth, Gloucester, Lambertsville, Moorestown, Salem, Woodbury.

Bottled water supplies inspected at Collingswood (Kalium Spring), Gloncester, Swedesboro.

Sewage disposal plants and sewage systems inspected at Bernardsville, Beverly 4, Bogota, Bordentown, Burlington, Burlington (Thomas Devlin Manufacturing Company), Carteret, Chatham-Madison 9, Collingswood 2, Englewood, Essex Fells, Haddonfield 3, Haddon Heights 2, Hoboken, Irvington 2, Merchantville 4, Metuchen (Creamery), Millville 2, Moorestown, Neptune Township, Princeton 2, Ridgewood 2, Riverside, Roosevelt, Skillman (State Village for Epileptics) Trenton (Municipal Hospital), Trenton (Agasote Millboard Company), West Orange, Woodstown, Woodstown (Supplee Alderney Dairy Company), Wortendyke (Granite Linen Mills).

Stream inspections on Delaware & Raritan Canal and tributaries, Delaware River and tributaries, Elizabeth River and tributaries, Rahway River and tributaries, Raritan River and tributaries, South River, Swimming River and tributaries.

Number of stream pollutions reported..... 49
Reinspections of stream pollutions made..143
Stream pollutions found abated..... 57
Notices to cease pollution issued..... 69
Cases referred to the Attorney General.... 2
Plans for sewerage systems, sewage disposal plants and extensions approved..... 15

NEW AND NON-OFFICIAL REMEDIES.

Since January 1, the following articles have been accepted by the A. M. A. Council on Pharmacy and Chemistry:

Vacules Digitol (H. K. Mulford Co).

Sodium Glycerophosphate (Monsanto Chemical Co.)

Staphylococcus Pyogenes Aureus Vaccine (G. H. Sherman).

Staphylococcus Pyogenes Albus and Aureus Vaccine. (G. H. Sherman.)

Pneumococcus Vaccine (G. H. Sherman.)

Meningococcus Vaccine (G. H. Sherman).

Isatophan (Schering & Glatz).

Isatophan Tablets (Schering & Glatz).

Hediosit (Farbwerke Hoechst Co.)

Since publication of New and Non-official Remedies, 1912 and in addition to those previously reported, the following articles have been accepted for inclusion with "New and Non-official Remedies."

Calcium glycerophosphate is monohydrated normal calcium glycerophosphate Ca (CH_2 OH_5 $CHOH_5$ CH_2) PO_4, H_2O, containing 90 per cent. of anhydrous salt. It is a white powder, almost tasteless, slightly soluble in water, easily soluble in dilute acids. Glycerophosphates were introduced as "nerve foods" on the belief that the phosphorus was in a readily assimable form. Recent animal experiments indicate that glycerophosphates possess no advantage over inorganic phosphates in phorphorus metabolism. Dose 0.2 to 0.65 Gm. in powders, wafers, capsules or tablets suspended in water or syrup, or dissolved by the addition of sufficient citric acid or diluted hydrochloric acid.

Calcium glycerophosphate, Monsanto, is a non-proprietary article and complies with the tests laid down for calcium glycero-phosphate. Monsanto Chemical Works, St. Louis, Mo.

Slee's Refined and Concentrated Diphtheria Antitoxin is prepared according to Banzhaf's method. Supplied in packages containing 1,000, 2,000, 3,000, 4,000 and 5,000 units, in vials and also in syringes. The Abbott Alkaloidal Co., Chicago, Ill.

Vacules Cornutol contain cornutol 20 Cc. in sealed ampules. The air in the container is removed before sealing whereby, it is claimed deterioration is retarded. H. K. Mulford Co., Philadelphia, Pa. (Jour. A. M. A., Jan. 4, 1913, p. 45).

Facetious Items.

Says old man Jones, says he to me:
"Don't it make a feller mad, b'Gee,
To drive a nail, when his hands are numb,
Through a leather hinge and hit his thumb
With the back of the axe, which he has t'use,
'Cause he's lost the hammer and has no screws,
If he happens t' find while doin' chores
A hinge bust off one of the stable doors,
An' the only thing about th' place
I mend it with is a leather trace
Off of a harness you've thrown away
'Cause you figgered it had seen it's day;
An' then t' have your wife, maybe,
Come a-runnin' out t' barn t' see
The reason why you're dancin' 'round
A quotin' words that are quite profound,
And as you tear around an' paw the dirt
To sweetly ask if you are hurt."
—Copyright, McClure Newspaper Syndicate.

"Stump speaking is the hardest work in the world," said Senator Beveridge. "It is especially hard," he continued, smiling, "when there are hecklers in the audience.

"A friend of mine the other day was getting on famously in a stump speech.

"'Gentlemen,' he shouted, 'a man is known by his works.'

"And he paused impressively. But a heckler took advantage of the pause to yell:

"'Then yours must be gas works.'"

"Sorry you couldn't attend our banquet last night, doctor. It would have done you good."

"Thank you! It has done me good. I have just prescribed for three of the guests."—Boston Transcript.

Pat (to doctor)—If Oi live, doctor, shure Oi'll have you to thank for it.

Pat's Wife (somewhat prejudiced against the doctor)—And if you die, Pat, you can thank him too.—Judge.

"Boy," said the boss, as he entered the gloomy den described as the "outer officer," "did you tell that caller that I had gone to Austraia?"

"Yes, sir, indeed, I did; I told him you had started this very morning."

So far so good. But the office boy was not off the carpet by any means.

"Good!" remarked the boss, rubbing his hands. "And what did he say?" Pat came the boy's reply, spoken from a heart filled with honest endeavor

"He wanted to know when you'd be back, sir, and I told him immediately after lunch."

"Your doctor always starts out by putting you on a simple diet."

"Yes; and it's considerate of him. In that way I may be able to pay his bill.—Washington Star.

A sharp boy in Grangetown walked into a grocer's shop.

"Please, sir," he said to the proprietor, "mother told me to ask you whether there is such a thing as a sugar trust?"

"Of course there is," was the answer.

"Well, then, mother, wants to be trusted for two pounds."

Doubtful.—Spurgeon was once asked if the man who learned to play a cornet on Sunday would go to heaven.

The great preacher's reply was characteristic. Said he: "I don't see why he should not, but I doubt whether the man next door to him will."

The girls formerly used to worry if their stockings were not made invisible by their long skirts. Now they are bothered if their skin is not visible through their stockings.—Bayonne Daily News.

"A great many people owe their lives to that doctor," said Kicklington.

"Is he a clever physician?"

"It isn't that I referred to. He is never in when you want him."—Medical Science.

Doctor—"Well, my dear sir, and how are you feeling to-day?" Aged Patient—"I seem to have trouble in getting my breath." Doctor—"Well, I'll soon stop that."—Puck.

The doctors have some highbrow explanations as to what auto-intoxication is, but to the average man it simply means a pickled joy ride.—Bayonne Times.

"What a debt we owe to medical science!" he said as he put down the paper.

"Good heavens!" she exclaimed. "Haven't you paid that doctor's bill yet?"—Chicago Post.

Schoolmaster—If I should stand on my head the blood would rush to my head, wouldn't it? Now, when I stand on my feet, why doesn't it rush to my feet?

Johnnie—Because your feet ain't empty.

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THE PHYSICIAN AS A PUBLIC SERVANT.*

By Gordon K. Dickinson, M. D., Jersey City.

Through the eternal germplasm which has existed undying since the time of Adam, continuing from body to body; and through the trickle of blood that comes down to us from our ancestors, are our characters and mental makeup influenced. Through the former, Old Adam shows himself, and the humanity of man remains unchanged. Through the latter we obtain, as it were, a solution of the different attributes, peculiarities, ambitions and weaknesses of our forefathers. Man to-day is the same man of hundreds and thousands of years ago, but man today possesses possibilities and power therefrom—the result of the experiences of these centuries.

It is so with medicine. The germ of its truths, unknown, but intuitively suspected, has been carried to us undying from the early ages. But growing out from it, as a somatic body, we have had the tangible expressions of medical life.

In the early times philosophy predominated. Scholars were broad in the philosophies of the different countries. All knowledge was abstract. Every man's viewpoint varied with his mental capacity to dream. The bigger minds developed the more abstruse philosophical thoughts. There could be no accord except through prestige. Medicine was influenced and the causes of disease and, necessarily, their treatment were entirely speculative. Opinions being personal, violent antagonisms resulted, and even before the time of Galen we had, as a result of imperfect knowledge and abstract thought, numerous pathies, so that Galen himself despaired of the future of medicine, because of the mental concoctions of the day.

For a while medicine was influenced by law. Law benefited it more largely through diminishing speculation, but failed to provide the proper foundation for accurate thought. The periods of philosophy and law, however, gradually passed. Education in the broad sense became neglected. Mental processes, perhaps, were tiresome. Religion became the influencing motive. Medicine fell under its power, and, for a considerable time, it, with the general sciences, took a back step.

In recent years the mind of man has risen far above pure philosophy and religious control. We are now more independent in thought; we are less given to abstractions; we must discover for ourselves and prove facts and conditions.

As the human body is influenced by the little trickle of blood, so medicine has been affected by its passage through its several ancestral conditions. Philosophy alone made medicine impractical, ethereal, a dream. Under law alone it acquired too much formality, too great a tendency for the abstract. Religion alone led to blind faith, conservatism—which means lack of progress—intolerance, regression and repression. Medicine alone tends to empiricism. It becomes hypothetical, deductive rather than inductive, flighty, too much one's opinion rather than a concensus of opinion. But the medicine which has percolated through the several professions, the medicine of to-day, which represents the fecund growth of all the good obtainable in the transit, is inductive, philosophical under restraint, progressive and scientific.

It is only a few years ago that the physician was made in a year. Any boy whose

* Read before the Hudson County Medical Society, January 7, 1913.

father despaired of his future, who failed in school, at work, and at everything he was put to, was shoved into medicine as a last resort, because medical education was cheap and doctors seldom failed. Our profession became crowded with immature minds, minds uneducated and uncultured, and it was a failure. Consequently the practice of medicine as evidenced by many in the profession did not produce the best expressions of medical thought nor did it inspire confidence. The public, wielded by their emotions (as they always will be, no doubt) were led rather to the man who was pleasant, to the man who was diplomatic, and to the man who talked plausibly, than to the man who had full knowledge and a sane brain.

Within the last few years our medical schools have lengthened their curriculums from one year to four years. They are demanding a broad preliminary education. Colleges instead of being commercial are now educational. The profession and the public have united in the one problem of betterment. The physician of the future will not be the physician of the past. Animal experimentation, logical thought and "the valuable precipitates of experience and poised intelligence" will give to the public a professional servant whose word will not be alone what he thinks, but what the professional knows.

The standing of the physician in a community until a short while ago was a sad one. Beloved by his patients, condemned by the other physicians' patients, held in light esteem by the members of the other professions, his power and influence were restricted. Except for the occasional stray bright mind the physician in public life was relegated to places of minor importance. Since better education has prevailed and the public has been enlightened to our true sincerity, intelligence and self-abnegation through the daily press, we find the tendency to ask us up higher. We find the public distinguishing between a physician and *the* physician. We find our brother professions extending the hand to us. We are in the world's caldron. We cannot remain aloof. We must be tossed about in the surge. If we look to public opinion for approval, we must expect from public opinion change and strain on our set sentiments. In Germany and in England we have it already. It may prevail in all countries. How much we can keep aloof, and how much we can keep our minds primarily in our scientific thought and study for the betterment of brain individually and collectively, remains to be seen.

The requisites for a true physican are fulness of thought, (which can be acquired) kindly feeling, intuitive insight, mental reserve, tolerance of others' opinions, policy in the management of all people, and cleverness, if his attributes are keen.

In public life we have two classes of physicians: To the first belong those who do not love medicine, those who are not naturally students, those who have the bump of loquacity developed, and those to whom medicine was really a mistake though they may not know it, or think it or feel it. To them public life is a death-sentence. They cannot be public servants and physicians. Those of the second class have broad educations, strong ambitions, love medicine as they love themselves and to whom public life is but a branch of preventive medicine. In them we may obtain a public servant and not lose a professional one. Between these two classes, of course, there are various grades.

The general profession, however, is becoming free from the montebanks and the self-centred, and we are giving to public life from our front ranks, and the result as seen is good. Our best men are becoming community leaders. The physician and the lawyer are nowadays standing on top, and are the most thought of in civic life.

Were time unlimited many shining examples could be cited of the physician in almost every phase of public life. One of the signers of the Declaration of Independence was Dr. Benjamin Rush. If we but think, it is easy to conceive the strain upon his mind and his professional life to take sides in those days when opinion was rife, understanding incomplete, and the future so dark. To the literary world our profession has contributed among others, Oliver Wendell Holmes and S. Weir Mitchell, who through their talents and works have been true public servants. The discoverer of ether-anesthesia, Long, has given to mankind a priceless gift, equal to that of Lister; the two combined being the greatest team-discovery that has blessed humanity. Down in Cuba was worked out the problem of yellow fever. Walter Reed and others, gathering evidence on the mosquito theory, slept on formites, but behind screens. Not being bitten by mosquitoes, yellow fever was not acquired. This was courage; but it remained for Lazear soon afterward to demonstrate the proof. He allowed one mosquito infected from a yellow fever patient

bite him and he died within a few days. e was a martyr. His experiment and eath were dramatic, yet we have thouands of instances in professional life of milar martyrs, men who take chances with eir lives, their health and their ability to rn and win out in order that the comunity may be properly served.

In this county we have an increasing mber of ambitious clear-minded physians, from the ranks of whom could be sected men capable of filling any position hich may be held out to them by the pubc. If other cities have been well administred by physician-mayors, why may not is be? If members of the Legislature and ongress from other parts have been selectd from the ranks of the medical profeson, certainly such honor may worthily fall n our midst. The extreme interest shown y many of the profession in the conferenes at Trenton indicate their willingness to ecome servants to the public, even though heir own welfare may be at stake. We ust not, however, allow ourselves to be ured by the fascination of medico-legal estimony, where wit is set up against wit n verbal battle. This all too soon leads o a stretching of the truth, and with the ublic, a medico-legal expert is apt to beome a laughing stock. Further, we should ot feel that we must of necessity hunt for ublic favor, public position, and press noriety. These do not stimulate us for that o which we have given our oath. It is better to be a master in medicine than a pubic servant, and better still to be both, for s public servants we are preventing disease; we go on boards of health and civic enterprises; we attach ourselves prominenty to philanthropic institutions, and by beng deep students in medical knowledge we are educating the public as well as urselves, and is not the best servant to the community one who works for it rather than for himself alone?

The Supreme Court took a gay fling in a decision handed down in the case of Ira Collins vs. the State of Texas, which involved the right of an osteopath to practice healing under the laws of the State.

On the record accompanying the brief the statement was made that a female practitioner had testified that "in the practice of osteopathy we make use of osculation and palpitation." This sentence made the solemn justices smile. In the decision the court said:

"Apparently the record which makes a female practitioner testify that an osteopath makes use of osculation and palpitation has misinterpreted the scientific terms of the method employed."

GUNSHOT WOUNDS OF THE ABDOMEN IN CIVIL PRACTISE.

By Francis R. Haussling, M. D.,
Newark, N. J.

This report is based on six operative cases, a few personal observations and a superficial review of the recent literature.

Case 1.—Italian, age 19, single, laborer, admitted to the Newark City Hospital on March 3rd, 1908, at 2:40 A. M.

History: Three quarters of an hour previous to admission, he was shot in the abdomen while an innocent on-looker at a game of cards. On admission, temperature was 99.2, pulse 88, good quality, respiration 36, general condition was very good. Five minutes later he vomited a large quantity of coffee ground material, one hour later his temperature had risen to 100.2, pulse 106, respiration 36.

Physical Examination.—At the time of operation, his general condition was good, skin and mucous membranes of good color, heart and lungs negative. Abdomen, midway between umbilicus and ensiform cartilage, 1½ inches to the right of the median line, there was a small bullet wound half an inch in diameter. Abdomen was flat, with slight tenderness and muscular rigidity over upper half of right rectus. Percussion note tympanitic, no loss of liver dullness, no mass to be felt, extremities normal, urine negative. Operation four hours after the injury, under ether anaesthesia, through the upper right rectus. The upper abdomen contained much blood. A perforation half an inch in diameter was found on the anterior surface of the stomach. This was situated about three inches to the left of the pylorus, midway between greater and lesser curvature. A second perforation was found on the posterior surface, close to the lesser curvature at its center. Both holes were closed with celluloid thread. Wound was drained. The patient had a very stormy convalescence, but was discharged cured eight weeks after the operation. X-ray picture showed that the bullet had gravitated into the pelvis.

Diagnosis.—Gunshot wounds of stomach.

Case 2.—M. R., American, aged 17, single, admitted to the Newark City Hospital, on July 10th, 1909, at 6 P. M.

History.—One hour previous to admission she was shot in the arm and abdomen by a young man whom her family had befriended since his childhood, because she refused to marry him.

Physical Examination.—On admission patient was very much excited, temperature 100, pulse 90, respiration 28. On the right arm one inch below the insertion of the deltoid muscle there was a bullet wound half an inch in diameter. No wound of exit could be found. Thorax, in the right anterior axillary line at the level of the free border of the ribs, there was a second bullet wound. There was no wound of exit, but the bullet could be felt over the lower end of the ensiform cartilage just beneath the skin. This patient did not come to operation until 18 hours later because of a misunderstanding. The case was reported as one of bullet wound of the chest wall.

Physical Examination.—At the time of operation temperature 100.4, pulse 116, respiration 30. Patient looked sick, with an anxious expression, was restless and had vomited once. Thorax, heart and lungs negative, abdomen flat, marked rigidity and tenderness over the upper half of the right rectus, no mass could be felt, percussion note was tympanitic over the entire abdomen, no bladder symptoms. Extremities negative. Operation under ether anaesthesia. Abdomen opened through an upper rectus incision. The peritoneal cavity contained a small amount of blood. The wound of entrance in the liver was situated on the upper surface 1½ inches above its free margin. Wound of exit in the liver was also situated on the upper surface three inches from its free edge and about four inches from the wound of entrance. Gentle manipulation of the liver caused moderate fresh bleeding from both wounds. This was easily controlled by means of the actual cautery. No other lesion could be found. The wound was drained and partially closed. It discharged a large amount of blood stained pus for several days. Otherwise recovery was uneventful. Discharged cured in five weeks.

Diagnosis.—Gunshot wounds of pleura, liver and arm.

CASE 3.—A. V., Italian, age 34, single, admitted to the Newark City Hospital on November 14th, 1909, 11:50 P. M.

History.—About one hour previous to admission he was shot in the cheek and abdomen by a man in front of whose house he was serenading. He had been requested to stop singing but failed to do so.

Physical Examination.—On admission temp. was 99, pulse 84 good quality, respiration 24. General condition good, skin and mucous membranes of good color. In the center of the left cheek there was a small bullet wound ⅜ inch in diameter, penetrating into the mouth, where the bullet was said to have been found by the patient. Thorax, heart and lungs were negative. Abdomen, 1½ inches below the umbilicus there was a second wound, with moderate tenderness in this region. The abdomen was flat, there was no muscular rigidity and no mass to be felt. Percussion note was tympanitic, liver dullness was not obliterated, urine was negative, and extremities normal. Patient vomited a large amount of undigested food. At the time of operation, 4½ hours after the injury was received, temperature 99, pulse 94, respiration 24. The delay in this case was due to the fact that the house surgeon was out; in his absence the younger interne who was in charge thought that it was perfectly proper to await unfavorable symptoms before operating, and so failed to report the case.

Operation.—Under ether anaesthesia through the left rectus muscle. There was a moderate amount of blood in the peritoneal cavity. The first loop of the small intestine to present in the wound, showed a circular perforation through which fluid feces and gas were passing into the peritoneal cavity. Starting from this fixed point, search was made along the afferent and efferent loops with the result that seven other complete perforations, one partial perforation, and two holes in the mesentery were found. The perforations were closed with a single row of continuous Lembert suture. Holes in the mesentery were closed with plain cat-gut. The nine perforations were situated over an area, of not more than five feet of the lower one third of the small intestines. The peritoneal cavity was flushed out with normal salt solution in an attempt to remove the fecal matter. The wound was drained. Convalescence was stormy. Patient was discharged cured sixteen weeks after operation.

Diagnosis.—Multiple gunshot wounds of intestines and cheek.

CASE 4.—C. McK., native of Ireland, age 30, married. Admitted to the Newark City Hospital on July 9th, 1911, at 8:30 A. M. Referred by Dr. Teeter, into whose office she had walked after receiving her injury.

History.—Half an hour before admission she was shot by her intoxicated husband during an argument.

Physical Examination.—On admission temperature 99.2, pulse 76, respiration 20,

eneral condition good, did not appear to be everely injured, skin and mucous mem-ranes of good color.

Thorax.—Pendulous left breast present-d two bullet wounds in the mid-clavicular ine, one of entrance and one of exit. A hird wound was situated in the seventh eft interspace somewhat nearer the mid-ine, and 1½ inches below the wound of xit in the breast. All three wounds were nade by the same bullet. Lungs, numer-ous dry crackling rales over left base pos-eriorly, otherwise negative. Heart—nega-ive. Abdomen flat, with moderate tender-ness and rigidity in left upper quadrant. Withdrawal tenderness marked. No fluid wave, no mass, no dullness. Extremities—negative. Urine—albumin slight trace, few white blood cells, no blood. B. C. 14700 eucocytes, polymorphonuclears 91 per cent. small lymphocytes 7 per cent., large 1.7 per cent., eosinophiles 2.7 per cent.

Operation at 11:05, three hours after in-jury with pulse 76, temperature 99, respi-ration 24, revealed a small amount of blood in the peritoneal cavity; a wound of the diaphragm; a perforation 1 inch in diame-ter on the anterior surface of the stomach, midway between the lesser and greater curvature, and well to the left of the mid-line, and a second perforation on the pos-terior surface, well up on the cardia and difficult to reach. Both holes in the stom-ach were repaired with celluloid thread. The hole in the diaphragm was closed with cat-gut. The abdominal wound was drain-ed and partially closed. Her recovery was complicated with severe vomiting of preg-nancy beginning ten days after the opera-tion. All medical means failing to control the vomiting, and the patient's condition be-ing deplorable, labor was induced 30 days after the original operation. Recovery from then was uninterrupted. Patient was discharged cured in seven weeks.

Diagnosis.—Gunshot wounds of pleura, diaphragm and stomach, plus toxaemia of pregnancy.

Case 5.—J. G., native of the United States, aged 34, married, house wife, was admitted to the Newark City Hospital on July 20th, 1911.

History.—Patient shot herself with sui-cidal intent while in a state of acute mania.

Physical Examination.—On admission pulse 140, temperature 98.3, respiration 68, general physical condition good, but ex-tremely excited, declaring repeatedly that she had been infected with syphilis. It was necessary to restrain her. Skin and mucous membranes were of good color. Tongue dry and coated, extremities negative with the exception of a small scar on the left wrist, which was said to have resulted from a previous unsuccessful attempt at suicide. Thorax, in the sixth left interspace, 2½ inches from the median line, there was a small bullet wound with powder marked edges. Lungs negative. Abdomen flat, with slight general tenderness and muscu-lar rigidity most marked in the upper right quadrant. No mass, no fluid wave or dull-ness present. Urine showed albumin a trace, otherwise negative. B. C.—11.00 leucocytes, polymorphonuclear 80 per cent., lymphocytes 20 per cent.

Operation. — Exploratory laparotomy through upper left rectus under ether an-anesthesia, one hour and 45 minutes after the injury, revealed a small amount of blood in the peritoneal cavity. A bullet wound could be felt on the superior surface of the liver, high up and near the median line. No other lesions were found. Abdominal wound was drained and partially closed.

Post-Operative Course.—The condition of extreme restlessness and excitement which had existed previous to operation persisted up to the time of her death 48 hours later.

Autopsy Record, No. 499.—By Dr. Mart-land, reads as follows: J. G., age 34, died July 22nd, 1912. Cerebrum not removed. Spinal cord not removed, heart small, clot over pericardium near apex, lungs oedema of both, spleen stasis, supra-renal glands negative, kidneys parenchymatous degener-ation, stomach, duodenum, pancreas nega-tive. Liver—bullet wound of right lobe of liver, penetrating superior surface. Bullet found in the center of the lobe, where there was haemorrhagic softness. Small intes-tines, large intestines, genito-urinary and lymphatic system all negative. Serous membranes—a small amount of blood was present in the left plural cavity. No evi-dences of peritonitis noted.

Cause of death—suicide-bullet wound through pleura and diaphragm lodging in liver. Acute mania.

Case 6.—D. F., American, negress, age 21, single, laundress. Was admitted to the Newark City Hospital on August 27, 1912, at about 1:15 A. M.

History.—Three quarters of an hour previous to admission, she was accidentally shot by her gentleman friend, standing at a distance of about one foot, with the ordi-nary 38 calibre low velocity revolver.

Physical Examination.—On admission temperature 99.2, pulse 78, respiration 32. General condition good, did not appear to be severely injured. She was conscious, rational and quiet, and complained of very little pain. Skin and mucous membranes were of good color. Thorax: there was a small bullet wound in the sixth interspace on the right side about 2 inches from the sternum. The bullet could be felt under the skin, at a corresponding point on the back; heart—negative. Lungs presented a few moist rales at right base. Abdomen flat with moderate tenderness and muscular rigidity over the upper one half of the right rectus. Marked withdrawal tenderness was present. Percussion elicited shifting dullness in the right flank. No mass to be felt, extremities normal, urine negative.

Operation.—One hour and 55 minutes after the injury, disclosed a large amount of blood in the peritoneal cavity; a bullet wound on the peritoneal surface of the diaphragm and a corresponding wound on the superior surface of the right lobe of the liver near its free edge. The wound of exit in the liver could not be found. As there was no fresh bleeding the abdominal wound was drained and partially closed. With the exception of a large amount of sanguino-purulent fluid discharged from the wound, the patient made an uneventful recovery. Discharged cured in thirty-one days.

Diagnosis.—Gunshot wounds of pleura and liver.

Of these six cases one died. A mortality of somewhat over 16 per cent. In the fatal case although the autopsy finding did not establish the cause of death to any degree of certainty, it is fair to assume that operative intervention played no part in it.

A striking feature in all six cases was the lack of symptoms in the early hours following such severe intra-abdominal injuries.

During the past few years a great deal has been written on the treatment of gunshot wounds made by the modern military rifle, occurring on the field of battle, and the fact has at times been lost sight of, that these lesions differ considerably in pathology from those occurring in civil practise. The experience of the Boer War, the Russo-Japanese war and our own war with Spain demonstrated conclusively the superiority of the expectant plan of treatment over immediate exploration on the battle field. While in military practise this is undoubtedly the safest way to treat this class of cases, in civil practise it is absolutely unjustifiable to apply the same rule. In operative proceedure conducted upon the battle field, the question of infection at tl time of operation becomes a serious on In civil practise this danger is practical a negligible one. This, however, is not tl deciding factor. The inherent difference the nature of the wounds received in ba tle as compared with those received in civ practise, due to the kind of weapons use has a great bearing on the case. To appr ciate this difference it is necessary to co sider the various types of gunshot wound We have adopted Johnson's classification:

1. Wounds produced by shot guns, loa ed with many pellets of lead and shot c various sizes.

2. Wounds produced by artillery proje tiles.

3. Wounds caused by modern militar rifles, and pistols of a calibre varying be tween 7 and 8 m. m., and firing a very har projectile of terrific velocity and with maxi mum penetrating power.

4. Wounds caused by rifles and pistol firing a soft leaden bullet by means of charge of ordinary black gun-powder, an having a calibre varying from .22 to .45 in ches or more, with comparatively little ve locity and penetrating power, but with th maximum stopping, deforming and deflect ing qualities.

1. Wounds inflicted with shot guns if a close range are among the most terrible Large ragged holes are torn through the ab dominal wall, and irreparable damage i done to the abdominal contents which us ually causes death in a very short time. I inflicted at a distance the character of th wound is quite different. The individua shot going at comparatively low velocity rarely penetrate through heavy hunting clothes into the abdominal cavity. These wounds may safely be treated on the expectant plan.

2. Wounds produced by artillery projectiles very much in their nature, depending on whether they are caused by the shell before bursting or by its fragments or its contents, (either shrapnel or canister) after bursting. The shell and its fragments usually produce large ragged wounds, at times completely amputating extremities or cutting the body in two. If produced by the contents of the shell it will often be difficult to distinguish them from rifle or pistol wounds, and furthermore it is unnecessary because treatment is practically the same.

3. Wounds made by the modern military rifles and pistols require a little further consideration. It is because of the remarkable result attained in this class of injuries treated on the expectant plan, that many

eneral practitioners and a few surgeons eat all cases of gunshot wound of the abomen upon the expectant plan, even though l modern text books emphasize the fact at no parallel can be drawn as regards athology and treatment between these ounds and those due to the ordinary reolvers used in civil life.

4. Wounds occurring in civil practise and ade by the ordinary revolver fall under e head of Urgent Surgery.

The difference in the nature of the wound nflicted by the modern military rifle and the utomatic pistols, such as the Lugar, Mouer, and Colt's, as compared with those causd by the low velocity revolvers depends n the following factors:

1. Velocity.—The terrific velocity of 600 720 meters per second with a body penerating capacity at from 1,600 to 2,000 meers, and the power to kill at 5,000 meters, s compared with the ordinary pistol with comparatively little penetrating capacity s an important factor. The bullets in none f the six cases here reported penetrated he entire body, though all were fired at lose range.

2. The Size and Character of the Bullet. —The compound jacketed bullet, because f its penetrating power, small size and ack of deformation, causes at long range he minimum amount of injury to the hafts of long bones and to organs with fluid contents, such as the stomach, intestines and bladder, and to organs of spongy texture containing large quantities of fluid as the brain, liver, kidney and spleen. The destructive effect, however, is increased in inverse proportion to the distance. At 600 meters and under, it acts with explosive violence upon these structures because of the lateral transmission of energy to the incompressible fluids. Its action on skin adipose tissue, muscle and fascia is about the same at all distances. From these observations, elicited both on the field of battle and by experimental research, it will readily be seen why these injuries are immediately fatal or comparatively benign. A small perforation in a hollow viscus is often able to take care of itself by means of the mucus plug and adhesions. On the other hand in civil practise we almost always have a wound caused by a revolver of large calibre, firing a leaden bullet of little penetrating power, with maximum stopping, deflecting and deforming capacity. These bullets almost invariably penetrate the abdominal wall, and penetration is synonymous with perforation. These perforations are usually large.

3. The Question of Infection.—Leaving out of consideration the possibility of secondary infection, which is practically the same in both classes of wounds, the jacketed compound bullet wound is less apt to be infected for the following reasons: Da Jarde has proven that infection of the bullet can be carried to the wound which it makes, although it may be partially sterilized by the act of firing. High velocity seems to favor non-infection, probably due to the fact that the bullets go through the clothing and skin so cleanly that very little infected material will adhere to them. These bullets are put up sterilized in boxes, and are small and smooth, so that less dirt will adhere to them.

The large, rough, unsterilized soft bullet has a greater tendency to carry infected material into the wound. The greater tendency of the bullet to remain in the body due to its comparatively low velocity and its deflecting quality also increases the possibility of infection. The greater uncertainty as to the course of the bullet makes it impossible to judge the amount of injury on anatomic ground. The following case is a striking example, of bullet deflection:

G. R., aged 38, Native of the United States, married, was admitted to the Newark City Hospital, July 10, 1909.

History.—This was the mother of the young woman previously described as having been shot by her jilted suitor. In this case, again his aim had been good.

Physical Examination.—On admission pulse 70, temperature 99.2, respiration 26, general condition fair. Skin and mucous membranes of good color, conscious, able to move her head and arms, but unable to move her legs. There were four bullet wounds, three of entrance and one of exit, located as follows: 1. Wound of entrance over acromion process on the right side. The wound of exit was just below the junction of the middle and outer third of the right clavicle. 2. Wound of entrance was situated over the right scapula, one half inch below the mid-point of the spine of this bone. There was no wound of exit. 3. Wound of entrance was situated in the right gluteal region on a level with the middle of the right sacro-iliac synchondrosis at a point 1½ inches to the right. There was no wound of exit.

The spinal cord was thought to be severed. Operation was not undertaken.

Autopsy Record, No. 140—by Dr. Martland reads as follows: G. R., age 38—died July 13th, 1909. Cerebrum not removed,

fracture of 7th cervical spine with haemorrhage around the cord. Bullet found at the base of the skull. Lungs-oedema; spleen, negative; supraenals, negative; kidneys, chronic diffuse nephritis (interstitial type); stomach punctured wound near pylorus, second bullet found near head of pancreas.

On comparing the physical examination with the autopsy report, we find that the bullet which entered the gluteal region found its way by deflection to the stomach, in which it cut a hole before lodging near the head of the pancreas. This case demonstrates conclusively that we can never safely say that one of these low velocity easily deflected bullets has not entered the peritoneal cavity, unless we find a wound of exit, or a bullet under the skin at a point so situated with relation to the point of entrance that there can be no question of its course.

Symptoms.—The symptoms are few in the early hours following the injury, unless a large blood vessel had been severed, when death follows quickly. The usual picture at the time of injury is one of extreme shock. The patient staggers, falls, is pale, faint and at times vomits, with cold clammy skin, anxious expression and thready pulse. This condition of shock soon passes off, unless haemorrhage occurs. The pallor disappears, the pulse regains its tone, the mind clears and a more or less normal condition of the body is restored. It is at this time that the physician usually sees the patient, and unless he has had previous experience, it will be very difficult for him to realize that severe injury can exist with so few symptoms present. The physical examination will show the pulse, temperature and respiration practically normal, the skin and mucous membranes of good color, unless severe bleeding is going on. The abdominal symptoms will be practically negative with perhaps a little tenderness and muscular rigidity about the wound. Shifting dullness may also be present. A few hours later the picture will be entirely changed by the appearance of the symptoms of slow progressive bleeding, or of leakage of stomach, intestinal or bladder contents. Now the diagnosis is easy, but the patient's chances for recovery have been reduced to a minimum.

Treatment.—Since it is difficult to diagnose haemorrhage of the slow progressive variety, until it has progressed to a dangerous degree, with peritonitis in its early stages and since practical experience has taught us, that this class of wounds of the abdomen is almost invariably accompanied b grave intra-abdominal injury, why not ex plore every abdomen presenting such wound? The same treatment should be in stituted in wounds of the lower chest wal and of the groin, for many of these bullet enter the abdominal cavity. The wound o entrance should be left alone or covere with sterile gauze. The serous plug whicl rapidly forms when exposed to the air is greater barrier to the entrance of germ than is extensive washing with antiseptics Probing of the wound is never justifiable An X-ray picture may assist in mapping the course of the bullet, but it may be misleading. A case recently reported by Keye of Chicago in which 22 intestinal perforations were successfully repaired or excised shows the danger of depending entirely upon an X-ray picture. The wound of entrance was situated in the left mid-axillary line on a level with the umbilicus. The X-ray picture showed the bullet lodged over the external inguinal ring. This might have led to delay because of the apparently superficial course the bullet had taken as deduced from the X-ray plate.

Exploratory laparotomy should be performed with as little delay as possible. Shock is no contra-indication since the initial shock is usually of short duration and will have passed off before the patient comes to operation. If shock persists it is probably due to haemorrhage, which must be controlled. The incision is carried through the bullet wound. If the bullet has not penetrated the peritoneum, it is removed and the wound is closed. If it has penetrated, no search is made for the bullet, but an attempt is made to repair all injury to viscera and to control all bleeding. The wound is drained and tetanus antitoxin is administered.

CONCLUSIONS:

1. No parallel can be drawn between wounds caused by military rifles and pistols, and those caused by the ordinary rifles and revolver of civil practice.

2. The lack of symptoms in the early hours is no proof that severe intra-abdominal injury is not present.

3. The presence of a bullet wound on or adjacent to the abdomen is sufficient indication for immediate operation.

The public health is the foundation on which reposes the happiness of the people and the power of a country. The care of the public health is the first duty of a statesman.—Lord Beaconsfield.

EUGENICS.*

By William P. Melcher, M. D.,
Mt. Holly, N. J.

It is safe to state that until quite recently a very few people, even among the more intelligent classes, had any comprehensive idea of what Eugenics actually meant. Some may have had a vague, indefinite conception of this new science, and understood that it referred in some way to heredity, but to the great majority it simply meant some new fad or fancy of the Sociologic dreamers.

Recently, however, certain events have transpired which though based on suggestions repeatedly advanced by sociologic students, during the past decade, have been so widely, though in some instances offensively exploited by the popular press, that thinking people have suddenly awakened to the fact that the time has arrived when the problems of race development can no longer be ignored by the thoughtful classes. The most startling of these events has been the announcement by a prominent Chicago clergyman,—Dean Walter L. Sumner, a man whose scholarly attainments, reputation and standing invest anything he promulgates with special dignity and importance.

This announcement was to the effect that hereafter he would perform the marriage ceremony for only those people who were able to furnish certificates of health and assure him of their fitness to marry. Obviously "by fitness to marry" he implied good physiques, sound constitutions and normal mentalities, all of which are fundamental details necessary for the propagation of healthy offspring.

Of course, a cry of derision is heard from many quarters,—"preposterous, absurd, ridiculous, impractical, impossible." With lofty disdain not a few have condemned the proposition offhand as a trespass on human rights, a crime against that fetish of the free thinkers, the law of natural selection.

Others have voiced the belief that the enforcement of the plan would increase immorality and illigitimacy and in consequence substitute greater for lesser evils. Others have pointed to the great difficulty of carrying out Dr. Sumner's plan to its logical conclusion—the establishment of marital laws, which would require certification as to the physical, mental and moral status of the contracting parties as a qualification for the issuance of a marriage license.

Our present marriage license laws are certainly ridiculously easy, referring to which the Chicago Vice Commission puts it tersely as follows:

An applicant for a license of any kind, whether it be to construct a house, run a push-cart, peddle shoe-strings or keep a dog must be accompanied with evidence that the applicants are responsible and reliable agents.

But for a marriage license, one person, unattended and unknown, and as far as one can know an epileptic, a degenerate or who has in his blood a loathsome venereal disease, may pass his name through a window with that of a similarly questionable female, likewise unknown and be granted the divine right to perpetuate his kind in turn, thereby placing a burden and blight on Society and the community for generations to come.

New Zealand has led the race in many social experiments, and now a New Zealand writer has an article in the Eugenics Review advocating legislation to compel a medical examination before marrying. Briefly, the idea is that every person before marrying should be compelled by law to undergo a private and confidential medical examination.

The public has been accustomed, for many years past to submit without complaint to examinations by doctors when taking out life insurance policies, and the examination now proposed would not be one whit more irksome.

Of course, when two people, presumably more or less in love, get to the stage of applying for a marriage license, no doctor's views as to their physique are likely to have much weight with them. Still the mere fact that there is a medical examination to be undergone before a marriage can take place, will cause the whole population to sit up and take notice of this important question.

No intelligent person can study the problems of eugenics, which Sir Francis Galton, who not only coined the word, but is really the father of the science, defines as "the science which deals with all influences that improve the inborn qualities of the race," without becoming an advocate of its principles. Although of recent birth and evolution, there is probably no line of thought and investigation that holds such possibilities for humanity, and Sir Francis Galton's

*President's Annual Address, delivered before the Burlington County Medical Society, February 8, 1913.

work in England is proving in some respects the biggest and most far reaching in the scientific world to-day. The great need of the hour is to start intelligent people to thinking of the great question involved in human breeding. Already the researches of Galton and others, notably Woodruff of the U. S. Army, whose *"Expansion of Races"* is one of the most remarkable books of this or any other day, and the splendid studies of our American social workers have provided a wealth of material that cannot fail tc prove of the utmost importance in the practical solution of the urgent problems of race culture.

According to Dr. C. B. Davenport, author of "Heredity in Relation to Eugenics" the general programme of the eugenist is clear,—it is to improve the race by inducing young people to make more reasonable selection of marriage mates; that is to fall in love intelligently.

It also includes the control by the State of the propagation of the mentally incompetent. Very naturally the question of the size of the family must be squarely met, and much as we are bound to respect the views of our only living ex-President, there is a great deal to be said against too many children.

Dr. J. T. McDonald, in a recent address voiced the proposition very properly when he says: The outcry about race suicide is a false alarm; the population of the world is steadily increasing. What we want is not *more* babies but *better* babies. Since, however, the science of eugenics is mainly, if not exclusively concerned with heredity and the so called "inborn qualities" of human beings, it has its essential limitations.

Study and research have shown that the external or environal influences, to which all living creatures are subjected play a part no less important in their evolution than the hereditary. Consequently, it has been found necessary and desirable to differentiate and classify these forces of environment under the term euthenics. When we consider that euthenics comprehends the investigation and study of all questions of feeding, from birth through every stage of life, all problems of hygiene and sanitation and questions of mental and moral training, all social relations, in fact everything that is capable of exerting any influence whatsoever on the human body or mind, we can understand what a factor this new science must also be in the future of mankind.

Oliver Wendell Holmes has wittily said that the first essential in healthy stock is to choose healthy grandparents. As eugenics is the science of improvement of the human race by better breeding, this is manifestly the place to begin the welfare of future generations,—mentally, morally and physically.

Now, the human babies born each year, as Dr. Davenport says, constitute the world's most valuable crop. In the United States alone this amounts to about two and a half millions. Nearly half a million die in their first year and half of all are dead before they reach their twenty-third year, before they have had a chance to do either much good or evil in the world.

Of the one and a quarter million who live, a certain proportion will become industrious citizens of average ability, and the smaller proportion will be the leaders of men and the doers of deeds such as a Fulton, a Lincoln, an Edison.

While there will be a very definite proportion that will by reason of this heredity become criminals, epileptics, paupers and alcoholics, the other more healthy and able people of the United States have to support these incapable ones.

Physicians should learn the necessity of giving the required information concerning the development of mankind. To accomplish this end, organizations, not only national but universal should be established. This may seem a gigantic undertaking; but other organizations of world-wide reputation such as the *Red Cross* and Anti-Tuberculosis Societies had their beginning. Why not a Society for the Improvement of the Human Race?

President Taft, before the Tuberculosis Congress at Albany, N. Y., said, "We have an agricultural department and we are spending fourteen or fifteen million dollars annually to tell the farmers, by our researches, how they ought to treat the soil and how they ought to treat their cattle and horses. Now there is nothing in the Constitution especially about hogs or cattle or horses, and if out of the public treasury at Washington we can establish a department for that purpose, it does not seem a stretch of logic to say that we have the power to spend the money in a bureau of research to tell how we can develop good men and good women." This certainly is sound reasoning.

Already among the more intelligent classes the principles of eugenics and euthenics have been put into practical operation and many striking results are appearing. Representing as they do simply the marshalling and utilization of the laws of nature. In

other words, working with nature to fit each and every individual more closely into his or her particular niche in the great plan of saving the human race, there would seem to be little doubt of ultimate success.

One need not be over enthusiastic or unduly optimistic to feel therefore, that we are at the dawn of a new era of human progress, an era that promises benefits untold from the improvement of the human physique, the lowering of infant mortality, the decrease of disease, the elevation of human mentality and the general uplift of human life in every particular, that intelligent thought and investigation are bound to accomplish.

PULMONARY EMBOLISM.*

With report of three cases.

By Joseph A. Maclay, M. D.,
Associate Surgeon Paterson General Hospital.

In the beginning I must acknowledge a debt to W. H. Morley, Ph.B., M. D., of Ann Arbor, Mich., for his article entitled "Post-Operative Thrombophlebitis," appearing in No. 3 of Vol. 5, Surgery, Gynecology and Obstetrics and to Hugh Crouse, M. D., of El Paso, Tex., for his exhaustive study, entitled "Thrombi and Emboli; Post-Operative Importance," appearing in the same journal Vol. 9, No. 6. Both these authors have given such a thorough review of the literature of this most interesting complication as to leave little if anything new to be culled from the bibliography. Whatever there is to be learned as to the etiology of this condition must come in the future from observations and careful records made by physicians and surgeons in general following the stimulated interest in the subject due to publications of the above mentioned and many other observers.

Morley opens his article with the significant sentence, "Many surgeons are shocked and chagrined at the appearance of a post-operative thrombophlebitis." Crouse sounds a still more pregnant warning in the beginning of his article by saying, "No complication arising in a clean surgical case can lessen a reputation or bring surgical remorse like the development of a thrombus or embolus during convalescence."

Occurring as it does most often in apparently perfectly beautiful results I would say that the surgeon feels as though the "Wrath of God" had been turned against him in punishment of "undiscovered crimes, unwhipped of justice."

"An embolus is an impaction in some part of the vascular system of undissolved material carried by the blood stream," which may be one of many substances, but as we will consider it, a clot of blood from a thrombotic process at some point. A review of the literature leads to no theory as to the cause of thrombophlebitis and the clinical history of the cases is of no avail. Among the causes may be mentioned sepsis, pressure of bandages, fecal masses in the sigmoid, removal of large neoplasms causing the intra-abdominal pressure to sink, and the pelvic veins to dilate, contraction from peritoneal adhesions and plastic exudate. Old thrombi may be present at the time of operation, and be dislodged.

Albanus, (another observer), gives as the causes:

1. Before Operation: Changes in the heart muscle, in its valves, in the blood itself or in the vessel walls. A whirling in the blood stream as where the superficial and deep epigastric veins enter the long saphenous and external iliac and the cerebral veins empty into the longitidunal sinus, entering at the right or obtuse angle and thus favoring clotting. Long continued dorsal position before operation. Tumors producing pressure on veins. Enlarged spleen.

2. From operation: Cooling abdominal viscera. Injuries to vessel walls. Adhesions. Thrombi in cut ends of vessels. Anesthetic.

3. From after treatment: Bandage pressure. Prolonged dorsal position. Meteorism. Increased intra-abdominal pressure. Fecal masses in sigmoid pressing on left external iliac vein.

Others give causes as ether, Trendelenburg position, traumatism of deep epigastric veins due to rough retraction of abdominal wall, and anatomical relation of the pelvic vessels.

Now comes what appears to me to be one significant fact: McMurrich, the anatomist, examined the iliac vein in 150 cadavers and finds that in about 1-3, or to be exact in 48, the left iliac vein at or near its bifurcation has an adhesion extending from the anterior to posterior wall; in many cases dividing the lumen of the vessel into two channels. This undoubtedly would favor the formation of a thrombus.

Thrombophlebitis may be either intrapelvic or crural and the absence of edema

*Read before the Passaic County Medical Society, February 11, 1913.

does not mean that the trouble is less serious. It occurs in the left side in 90 per cent. of cases. It occurs in clean cases as a rule. Of 232 cases of thrombophlebitis from the literature, sepsis was absent in 166; no mention in 56 and present in 10. Emboli of the lungs and pulmonary artery is about a 50 per cent. complication of post-operative thrombophlebitis. Post-operative embolism is now being blamed by the best authorities for post-operative pneumonia, so called ether pneumonia, and pleurisies occurring after operation.

Thrombi retain their original form for a brief time only. The following changes may occur: Hyaline and granular transformation; substitution with connective tissue; calcification; simple softening and septic disintegregation; or transferred as a mass or part into a near or distant vessel as emboli. As a rule emboli follow the blood current, but a patulous foramen ovale may permit the passage of such a clot from one blood stream to the other, thus producing a crossed embolus.

The very frequency of embolism must make the subject not one of interest to the surgeon alone. The internest is confronted with this complication many times. To the oculist and aurist it is of special interest. I cannot here go into the medical side of the question. Crouse collected from the literature 21,134 operations of all descriptions with post operative thrombophlebitis and emboli occurring in 232, a percentage of 1.1 per cent. If, as it is conceded by the authorities, pulmonary embolism occurs in at least 33 1-3 per cent. of thrombophlebitis, then death from this cause alone can be expected in one out of every 300 operative cases, and this is perhaps a low estimate.

The regions involved by emboli in order are as follows: Pulmonary 70 per cent; renal, 12 per cent.; splenic, 8 per cent.; hepatic, 5 per cent.; cerebral, 4 per cent.; serous membranes, (pleura, peritoneum, joints, etc.), 1 per cent.

The treatment of embolism can only be prophylactic, but one may almost as well abandon surgery if he is to be stopped by finding some one or two of the indications pointing toward the possibility of the formation of an embolus, as it would be hard to find a case free from them. However, there is one point which I wish to emphasize and that is that the presence of a thrombotic process favors the formation of emboli—which is self evident—and that pre-existing thrombi is a very likely occurrence in many intra-abdominal conditions, as appendicitis, peritonitis, salpingitis, inflammations in and around the gall bladder, gastric and duodenal ulcers and especially in extra-uterine pregnancy. Crouse says that in his research of the literature (250 articles and 60 text books), he could find no mention of thrombophlebitis as a possible complication of ectopic cases. He reports one case of embolism occurring in a non-operated ruptured ectopic which died while preparations were being made for operation, and autopsy showed an infarct in the right subclavian artery, and although the brain was not examined the symptoms were cerebral in character. It is of interest to note that two of my cases were following operations for extrauterine pregnancy, and it is my opinion that emboli are a frequent occurrence in this condition.

The treatment of the infarcting results of embolism is either nothing or surgical. The latter is only of any use in parts which can be reached. Of course one must differentiate the treatment of thrombophlebitis which is either negative, or consisting of rest, elevation and cotton bandaging if it occurs in a limb. Some have operated on the saphenous veins, ligating and removing them. Others say this is of no use, as it does not rid the patient of thrombosis of the deeper lying veins. The treatment of mesenteric infarcts is truly surgical, the bowel which is involved being brought out of an abdominal wound, the diseased area resected and the ends left free to drain. End-to-end anastomosis can then be done after the primary trouble has subsided. This is of course a precarious procedure. For pulmonary embolism it has been said that the chest wall might be opened, the pulmonary artery opened and the clot extracted. This operation was done experimentally on a calf by Trendelenburg with success. Its attempt in a woman of seventy years resulted disastrously. As in the majority of cases but a few minutes are at our disposal and as the operation is of such a critical character it is almost out of the question. Pulmonary embolism results in death in from two minutes to one hour, with an average of 15 minutes. It is a condition which may occur from the second to the thirty-second day of convalescenec, with an average of 14 days.

CASE I.

N. S.—Referred to me by Dr. Alexander. The important part of the history bearing on his case was an injury received fifteen

years ago, when he fell on a ladder striking with perineum on one of the wrungs and sustaining a "bruise and swelling in that part." After remaining quiet for a few days the swelling subsided and he resumed work with no apparent discomfort until six years ago, when he noticed that the urinary stream was getting smaller and more difficult to start. From that time on the condition became very gradually worse, until at the time he came to me he could only pass water in an extreme crouching position with great straining and his bowels would general move at the same time. He had no hernia, and the external genitalia were normal. The man's physical condition was very good.

Attempts to pass any instrument through the urethra were frustrated by an apparently impassible barrier in the perineum, where a hard mass could be felt about the size and shape of a small pecan nut. I took it that this was the fibrous tissue resulting from the injury and that the urethra had a jog in it at this point at right angles, which alone could account for its resistance to instrumentation.

External perineal urethrotomy without a guide, but cutting down on a sound introduced down to the obstruction brought me directly down to the mass and by diligent search I was enabled to find the track of the urethra through this, which as I expected was at almost right angles to the line of the urethra, the proximal portion (with the man erect), being more dependent than the distal, so that the urinary stream would have to go one step up to gain egress, the crouching position probably helping this. Once through the stricture, which was thoroughly divided, entrance to the bladder was an easy task. Catheter was inserted through the penis and into the bladder, a few stitches in the skin completing the operation except for a small drain at the lower angle of the wound.

The incision being in the median line, there was but little hemorrhage. The operation was performed April 23rd, 1912.

The following day the patient got out of bed, his object being to go to the toilet. He did not understand that he was to remain in bed. He spoke very poor English, and it was difficult to make him understand. He got as far as the door of his room, when the man who was in another bed in the same room and who was an Italian, told him to go back, which he did. This excursion served to dislodge the catheter, so that I was called to replace it. This was accomplished easily and therafter the tube drained the bladder very well.

The patient's condition was good until the 27th, four days later, when he had a pain in the left leg and side. He had developed a temp. of 101 before this. At the time he complained of pain in his leg it appeared swollen somewhat, but it was quite tense, no edema. The tenderness was particularly in the calf and after a day or two it was entirely confined to the calf, that part remaining tense all the time. I knew there was a clot in some of the veins of the leg or thigh, but the symptoms were not very pronounced, and the man's condition improved steadily. I was careful to impress on him the necessity for quiet and he followed instructions well. His highest temp. (102 F.) was reached two days after the onset of the phlebitis. His highest pulse rate was also on that day, (108). Both temp. and pulse very gradually declined until the 12th day after the onset of the leg symptoms, when the temp. was 99, and pulse 82. (All temps. were rectal). He had been feeling fine and confident of getting up soon. The tenderness had very nearly left his calf. On the morning of the 13th day after the onset of his leg symptoms, and the 20th day after operation, he was getting off the bed pan when he was siezed with the mortal condition which from the discription of those who saw him could be no other than pulmonary embolism, and died in the course of 15 minutes. I was unable to reach him in time to see him alive. No autopsy was allowed.

Perhaps a quotation from the nurse's notes at this critical time might not be amiss, as they give a very clear picture of the condition. "9.05 A. M.—Patient in strange condition. Face cyanosed. Breathing very labored. Almost impossible to get pulse." "9.20 A. M.—Ceased to breathe."

CASE II.

Mrs. V. S. A patient of mine. I was called to see her at her home, May 25th, 1912, and found her to be suffering from the effects of a ruptured ectopic pregnancy. Removed at once to the Paterson General Hospital where laparatomy was performed by me, with extirpation of both tubes and removal of large quantities of blood and clots. This patient was one of those who may be said to come back like "the crack of a whip." Her convalescence was beautiful and the incision was absolutely clean. She carried her highest temperature on her

admission to the hospital, 101 (rectum) and from the time of her operation it was normal. Her highest pulse was 104, and this gradually subsided until on the third day after operation it was 80 and stayed about that afterward. Her convalescence was one happy picture, smiling, joking, hungry, sleeping well and sitting up in bed on the eighth and the ninth days, and out in a reclining wheel chair on the tenth day, and up in the solarium. As she was lifted from the reclining chair back to her bed she complained of a pain in her left thigh and inspection showed that the left foot was slightly cyanosed, this was at 3:45 p. m. At 3:50 she said she felt faint, and she began to gasp for breath, face became cyanosed and the picture was one of pulmonary embolism. I arrived at the hospital in time to see her die at 4:20 p. m., 35 minutes from the onset of her symptoms. No autopsy was allowed.

CASE III.

Mrs. K. Referred to me by Dr. Levitas, of Westwood. After careful consideration of some obscure symptoms a diagnosis of ectopic pregnancy was made and she was removed to the Paterson General Hospital for operation, which was performed June 27th, 1912, at about 11 p. m. On opening the abdomen a large amount of free blood was found and many clots. No particular attempt was made to remove any clots, but those which seemed free were removed. Both tubes were exsected, the right one being the site of a large gestation sac, which I took to be at least a 3 months' pregnancy. The abdomen was closed and from that time on no trouble was manifest with the incision; it healed by primary union, safeguarded by twin drainage in the spaces. Her rectal temperature on admission was 100, which slowly went up to 102.1-5 two days later from which point it gradually returned to normal on the sixth day. Her pulse on admission was 106 and it subsided from that point until it reached 80 on the third day and remained what would be considered normal even throughout her embolic trouble. On the 14th day she began to complain of a very severe pain in her back under the right shoulder blade. The temperature took a jump to 102.2-5, and the pulse to 96. The pulse receded almost at once to normal and the temperature gradually declined in about five days after the onset of this symptom until it reached normal. The pain she had was typical of pleurisy and was severe for a week or more. I was puzzled for the first day or two to account for her trouble as examination was negative, but then I discovered an area of crepitant and subcrepitant rales under the right shoulder blade in an area about the size of a dollar. The signs were very distinct, and I felt sure that an embolus had produced an infarct in the lung, with its base corresponding to the area of pleurisy. The treatment of this condition was heat and strapping and on her dismissal from the hospital she was still wearing the adhesive. Her recovery was from then uninterrupted. She left the hospital on the twenty-fourth day after operation.

ABDOMINAL CESAREAN SECTION.*

By EDGAR A. ILL, M. D.,
Newark, N. J.

When Doctor Stillwell asked me to read to you a little personal experience, I was rather loathe to accept knowing that I had to face men such as Doctor Stillwell and Doctor Sproul whose experience has covered years of anxious and efficient work. What I have to present to you is rather the climax of many years of careful, obstetric work, and the injuries resulting from uncalled for measures, or a display of poor judgment in our obstetric work. I am not here to criticize but shall present facts. Thus in this short paper, I hope to give you results of the experience gained in my father's clinic and of my brief experience in this work.

Abdominal Cesarean Section has been done since time almost beyond medical history, but always with disastrous results to the mother, probably because the woman was always half dead when the operation was done. It is only since Sanger first did his operation and since aseptic surgery that hysterotomy has been a success.

The indications for this operation are clear, yet the judgment of the physician is most important. When a patient presents herself and a rapid delivery is necessary, or when delivery through the normal parturient canal is impossible, or only by the high forceps operation, the question that arises is, how can this woman be delivered with the greatest speed, with the least danger and without permanent damage to her parturient organs and its resulting invalidism, and with the greatest chance for life to the child? The indications are no longer narrowed down to those that were made within

*Read before the Somerset County Medical Society, Somerville, February 13, 1913.

the memory of many of you who are present. Cesarean Section has become an operation of choice in many cases because of its safety.

The indications for Cesarean Section are as follows:

1st: Puerperal Eclampsia. This usually occurs in primipara and during the last two months of the pregnancy or at term. In this development the foetus elaborates some toxine or reflexly causes the elaboration of some toxine and this unknown toxine causes the following prominent clinical symptoms: A steadily increasing blood pressure; a suppression of urine; acetone in the urine and a steady increase in the quantity of albumen in the urine: dizziness; nausea and vomiting and all grades of disturbance of vision—even temporary blindness and sometimes permanent blindness, and finally convulsions and death. When the uterus is emptied these symptoms rapidly disappear, in the vast majority of cases. With such a condition the sooner the uterus is emptied. with the least amount of disturbance to the mother, the less will be the permanent damage to the kidneys and the liver and the chances of recovery will be increased. Therefore, a constant decrease in the amount of the urine, an increase in the amount of albumen, the presence of acetone in the urine and a progressive rise in the blood pressure, all of which will not respond to medical or physical treatment, is a danger signal of puerperal eclampsia and calls for a rapid delivery of the patient either by induction of labor or Cesarean Section.

Secondly: Placenta Praevia. Here by the ordinary means of delivery the mortality to the mother is five per cent. and to the foetus fifty per cent. With a placenta praevia centralis in a primi-para with a long and rigid cervix Cesarean section is distinctly indicated. In multipara, with soft parts and lateral implantation, ordinary delivery is perfectly safe. I speak of these two conditions as being the extremes.

Thirdly: Dystocia, from deformed or contracted pelvis. The pelvic measurements are not always a guide, for the pelvis may be small and the foetal head may be small and then a normal delivery is possible. Therefore no general rules can be laid down, and a pelvic examination may show the sacral promontory within three inches of the symphysis pubis or some other complication and this is an indication for Cesarean section. Repeated forceps delivery with death or permanent injury to the child because of pelvic deformity is an indication for Cesarean section.

Fourthly: In old primipara, where the cervix is rigid and will not dilate and possibly a dry labor is progressing, and where the patient is exhausted, we are perfectly justified in removing the child by hysterotomy.

Fifthly: The old Leopold-Chernzey ventro-fixation which has not allowed the development of the anterior wall of the uterus during gestation and which shows itself by a large mass which is situated between the pubis and cervix, the cervix being often out of reach as high up as the promontory of sacrum, is one of the strong indications for hysterotomy and a strong argument against abdominal fixation of the uterus in the child-bearing woman.

Sixthly: We may be called upon to deliver women who by a former labor have been so injured that a cicatricial stenosis of the cervix and vagina results, or where a repaired vesico-vaginal fistula would be seriously endangered. These are favorable cases for delivery by the abdominal route.

Lastly: We have to deal with cases of dystocia produced by fixed tumors in the pelvis or cancer of the vagina and cervix.

It is my purpose now to show that abdominal Cesarean section is the rational means of treating any case which presents itself for the symptoms and conditions that I have indicated in the first part of my paper. The uterus can be emptied quicker by this route and with no damage to the pelvic organs and pelvic fascia. Thus resulting in a healthy woman after the delivery. I give the following as my reasons:

First—Cases of eclampsia or threatened eclampsia usually come on in primipara where rapid normal delivery is impossible because the cervix is long and rigid and cannot be dilated, nor will it retract over the head of the child without causing more or less extensive lacerations of the cervix and the base of the broad ligaments. This is especially true in cases where eclampsia occurs earlier than the ninth month of gestation, for here the cervix is longer and more rigid than it is at term. In my father's hospital service and clinic I have seen innumerable cases of extensive lacerations of the cervix and into the broad ligaments producing atrophy of the vagina due to sloughs. These women were great sufferers. All this was caused by a too early application of forceps, and the worst ones were the cases where the forceps were applied after a rapid dilatation of the cervix

for eclampsia. Those patients were great sufferers and invalids—they were never free from pain. They had traveled from one hospital to another in search of relief without any result. Duhresen's vaginal Cesarean section entails a section of the cervix and then delivery of the head with forceps. There is usually a tear in the cervix opposite the incision and the incision is usually separated so widely by the head that a tear extends up into the thinned out-portion of the lower uterine segment and injuries to the bladder are frequent. Deep perineal incisions are advised. But besides this, extensive lacerations of the pelvic fascia and muscles result. The scars which result from such lacerations cause a lack of support and mal-position of the pelvic organs which is incurable in the hands of even the best gynecologists and surgeons. I am not taking into consideration the tears of the perineum which can be repaired so thoroughly. My father has carefully studied those cases for a great many years and has repeatedly shown that in cases where there was an early application of forceps, that is, before the cervix was fully dilated and retracted over the head of the foetus the result was an inevitable tear of the cervix, and usually into the broad ligaments, and even into the bladder and more or less sloughing of the vaginal mucous membrane. It is especially on account of this accident that abdominal Cesarean section is the operation of choice.

Secondly: In cases of pelvic tumors which obstruct labor, as would also cancer of the cervix, it is perfectly evident that abdominal hysterotomy is the only route.

Thirdly: In cases of deformed or contracted pelves. Here it is not necessary to consider cervical laceration as the patients are usually allowed to go on with labor until the cervix is dilated and retracted. The foetal mortality, however, from forceps is about forty per cent. in such cases. If the foetus survives the hauling and pulling necessary for it's birth, the child is apt to be permanently injured or to have permanent—incurable—paralysis. They are frequently sufferers from headache. With abdominal hysterotomy the foetal mortality is very low. In a series of seven cases in my own hands in the past year, the foetal mortality was zero. This I think is a great advantage over any vaginal operation.

Fourthly: In cases of rigidity of the cervix in old primipara. Here there is often a pathological change in the cervix and it will not dilate. If forceps are applied in a case of this kind a tear of the cervix is inevitable. In a case of this kind about three weeks ago the woman had been in labor for five days and the cervix was dilated only enough to admit the tips of two fingers. While under observation in the hospital for twenty-four hours, the cervix did not dilate any more. By Cesarean section the woman was easily delivered and the child was alive and well, the woman left the hospital in fifteen days and her pelvic organs were in a perfectly normal condition. She had been examined frequently by a midwife before being admitted to the hospital. In cases of this kind which have been frequently examined, at the suggestion of Dr. Charles L. Ill, it is our rule to insert an alcohol drain any time after the operation, when there is the slightest rise in temperature. This we think, has prevented several cases of puerperal sepsis. Thus we do not hesitate to operate even in cases that have fever before delivery.

Another feature which makes abdominal Cesarean section the preferable operation, is the simplicity of its technique. It is the easiest and most typical of all abdominal operations though it makes the biggest show. In my brief experience I have done seven Cesarean sections, five for eclampsia, one for rigidity of the cervix and exhaustion and one in the case of a woman who had been delivered five times with forceps and had never had a living child. One patient died on the tenth day after the operation from lobar pneumonia.

The technique is simple and the operation is done as easily in a private house as in the most modern hospital. The patient is shaved and the abdomen is carefully scrubbed. It is important that the bladder is empty. Under ether anaesthesia the abdomen is opened in the median line, the incision extending from the pubis to the left and a little above the umbilicus, so as to avoid the poor fascial tissue near the navel. The intestines are walled off with tape wipes or towels. The assistant now holds one hand on each side of the abdomen so as to push the uterus forward—the uterus is opened in the same line as the abdominal incision, the foot is grasped and the child is delivered. The placenta is delivered while the uterus is outside of the cavity. The uterus is delivered from the abdomen when the head is delivered and turned to one side to avoid soiling the peritoneum with possible infected uterine contents. With plain number one running catgut sutures, the ut-

erus is sewed up as follows: The needle is passed through the peritoneum and muscle down to the mucous membrane, but not including the mucous membrane; then to the opposite side again, avoiding the mucous membrane and up to, but not including, the peritoneum; then to the opposite side again, but not including the peritoneum, and so forth, until the end of the uterine incision. Now the suture is brought out on the peritoneum and peritoneal surface suture ends this important part of the operation. Then with a separate running Lembert suture the peritoneum is again sewed together over the former stitches and the abdomen is closed with the usual layer suture.

I have presented this paper to you to offer you a nucleus for a discussion and draw your attention to what seems to have become a very valuable adjunct in our obstetric surgery. The indications as you have seen are widely drawn. Repeatedly Cesarean sections have been done on the same woman, thus Dr. Charles L. Ill has done Cesarean section twice on the same woman within a year. In another case the operation was performed three times on the same woman.

I have purposely said nothing of the Porro operation, which means nothing but a removal of the uterus above the vagina, following a Cesarean section. It will be proper to say, however, that this should be done when the uterus does not contract; when large non-removable tumors occupy the corpus and, lastly, in very septic uteri.

DOCTOR STEPHEN PIERSON.*

By Frederick Wooster Owen, M. D., Morristown, N. J.

The subject of this modest effort is my colleague and intimate, our friend of long standing, and the Founder and Father of this Club, Doctor Stephen Pierson.

The "Text" is furnished by the expressed thought of Alexander Pope, "The proper study of mankind is man." Doctor Pierson was born in Morristown November 8th, 1844, and died here August 10th, 1911.

Whether direct descent from sturdy and stalwart Colonial Settlers, in New England, accounts, in any way, for the distinction achieved by him I will not attempt to say. It is, however, of interest to note that in Branford, Connecticut, are still found its early Colonial Archives, that these show that on the 27th of November, 1662, the Reverend Abraham Pierson joined in marriage Thomas Pierson and Maria Harrison, and that from these two descended, in the seventh generation, our Dr. Pierson, son of Edward, son of Stephen, son of Samuel, son of Timothy, son of Thomas Pierson, Junior, son of Thomas and Maria (Harrison) Pierson aforesaid. This Senior Thomas Pierson removed in 1666 with Rev. Abraham Pierson and others to New Jersey and there went to work to erect a church and some dwellings which were the embryotic *Newark,* with its now 400,000 inhabitants.

The grandson of the first Thomas, by name Timothy Pierson, and born in 1710, removed from Newark, or its vicinity, and purchased, on "Whatnong Plains," above the State Hospital, property later known as Piersontown. The prospect from his dwelling was and is grandiose. He subjugated the rock-indented virgin soil with the family vigour and established the original saw mill.

The earlier Piersons, unlike their neighbours and friends the Pitneys, did not, until the seventh generation, turn aside from agriculture to either the Bar, the Bench, the Field or the Forum.

But their descendant, the subject of this sketch, written with the hand of affection, filled many and worthy positions. And who will doubt that, had he so desired, he could have represented his State, or his country, in legislative assemblies as ably as he fearlessly and brilliantly represented them on the field of battle? Or that, had he lived until 86 instead of being called home at 66, he might have successfully aspired to diplomatic or other civic honors.

From his playmate, the Honorable Francis Woodruff, the writer has it that Doctor Pierson at the ages of six to ten was gentle, modest, docile, and well liked by his little playfellows at the "Dame School" in Morristown taught by a Mrs. Morrow. Later, these two men, who each cut a "swath" for himself, one in America, the other in far away China. attended together, for several years, the old "Morris Academy" which was under the tutelage of Messrs. Paul, J. Henry Johnson and others. Here discipline was rigid, and Stephen Pierson who (emulous of self support), afterwards taught in the same Academy, sustained an enviable reputation as a close student and a brainy, energetic comrade.

*Paper read before the Morristown Medical Club and its Guests. January 29, 1913.

Mr. Francis Woodruff relates that, a fire breaking out in the old Academy building, all turned to Stephen Pierson for initiative, and that he organized a "Bucket Brigade" which controlled the fire before the arrival of the firemen. Thus early did the boy prove the father of the undaunted and resourceful man.

Having gotten something ahead (which the father would have willingly provided), and being cut out for college, to college the young man went, and had shown his mettle, through his freshman year at Yale, when war for and against "The Union" made the gales of the North and the breezes of the South martially resonant with "John Brown's Body" and "Way down South in Dixie." What time the streets and highways on both sides of "Mason's and Dixon's Line," trembled with the tread of hundreds of regiments of enthusiastic volunteers.

One of these was the 27th N. J. Volunteers (nine months regiment), commanded by Col. George W. Mindil, late Ass't. Adjutant General on the Brigade Staff of General David Birney. This regiment marched to the front, in September, 1862, and, with it, abandoning college for the time, went the young private soldier of whom we treat. When it is considered that a Colonel's mouthpiece and representative, such as is the regimental adjutant, is selected from officers both intelligent and forceful it is a fair inference that Mindil chose Stephen Pierson to be Adjutant of the 27th because he was such a man.

It is not strange that when Col. Mindil had received the command of the new 33d New Jersey Volunteers, Pierson should have re-enlisted with him and have been promoted first to Sergeant Major then to Adjutant as soon as the gallant Lambert was made Captain.

Doctor Pierson's record of honor in the two commands cannot be more than noticed in a brief study of his whole life, its motives and its accomplishments. A commissioned officer in the field and a medal of honor man, he fought in Virginia under Burnside and Meade, in Georgia, (where he was wounded at Pine Knob), under Thomas and Sherman. He was found "marching through Georgia," and he was of that column of Western Giants in the "Grand Review" by President Lincoln and all that was distinguished at the Capitol, which closed the successful but bloody struggle for the Union.

The writer finds, in "Foster's History of the New Jersey regiments in the Civil War," that the 27th Regiment was under fire on various occasions, that it manifested sterling bravery and that when its term of service expired it offered to serve the Government in the Gettysburg Campaign, actually doing so for an extra month, when, it not being longer required, it was mustered out with this additional act of patriotism to its credit.

As to the 33d New Jersey Foster writes, —"The 33d N. J. Volunteers fired the last shots of the war, (fighting with the rebel cavalry). This regiment in a little less than two years, traversed a distance of two thousand five hundred miles, over one thousand seven hundred of which were accomplished by marching. It fought in eight battles and engaged in over a dozen skirmishes. Although but two years in service the losses of battle and campaign were such that the regiment was twice filled."

(In parenthesis,) the Colonel of the 33d reporting to his General, after "Pine Knob" that officer's wound added, "Lieutenant Pierson still remains on duty." Foster continues "That the Government highly appreciated the services of the 33d Regiment the number of Brevets conferred upon its officers clearly shows."

The writer has only to add that Stephen Pierson, first lieutenant and adjutant, was breveted up to major, "for gallant and meritorious services in the war."

Coming home he vowed himself for two more years to "Old Eli" and with such zeal that Alma Mater, about twenty years later, gave him, "honoris causa," the Degree of Master of Arts.

From university life Dr. Pierson passed to the College of Physicians and Surgeons, graduating with such honors as to ensure his interneship at Bellevue Hospital.

On the threshold of practice, Hon. John Hill, one of the proprietors of the Boonton Iron Works, offered him, as an inducement to settle in Boonton, a guaranteed income for the first year of fifteen hundred dollars. This offer he accepted, spending his first two or three years as a medical practitioner in that hill country.

While there he married, characteristically enough, his childhood playmate, Amelia Cory of Morristown, than whom a more devoted wife and mother never lived.

In 1872, Doctor Quimby of this place, perhaps with a more important clientele than had any other competitor, made him partner of his practice. This relationship called for a tact, in which Pierson was not

wanting, and exacted talents in which he was certainly not lacking. After three years, the senior partner sickened and died, and the mantle of Elijah falling on Elisha *remained* there, gathering a very broad hem when Doctor Barker, physician to so many prominent families, was, in turn, called home.

To the Seniors, and older Guests, of this Club, as far as patients and hospitals and consultations are concerned the career of their colleague is well known.

A Roman Catholic Bishop in New Jersey would hardly have approved the nomination to the medical directorship of "All Souls' Hospital," by Monsignor Flynn, of any talent but the best, nor would "Memorial Hospital" have admitted to its staff any physician not of high standing. Doctor Pierson's medical control in the one, and influential position in the other, and most valuable services in both, are of record.

As to his patrons, these were in every walk of life, without exception, and bravely, devotedly, and efficiently did he labor in all their interests. When he fell many hearts fell with him!

Had he confined his efforts to medicine, had he not been compelled, by physical handicaps, to practically abandon pedestrianism, had his life been as equable as is feasible to even the busy modern doctor, he might, surely, have been among us tonight.

But a ship, according to dimensions, is made to carry just so much sail, and sails of just such a size. A yacht could not safely assume the "top hamper" of one of the old "Black Ball Packets" that once provided all passenger facilities between New York and Liverpool.

Endowed with remarkable executive talent, and listening to his head suggestions, rather than to his heart-throbs, the subject of this paper "carried on" sail until, to use nautical phrases, not only were the "sheets" in ribands, but the "sticks" were torn out of the vessel. And yet perhaps, he would have it so.

The Doctor's oratorical powers were very remarkable. On the evening of one memorable Memorial Day he delivered, before a crowded "Lyceum" the annual patriotic address to which, in diction, in delivery, in conception he did full justice, the House rising to him with an ovation.

His apt wit at the annual "Washington Association" public exercises will be long remembered. His wit was not prepared, but easily bubbled up, at various times, and was keenly appreciated.

At the unveiling of General Kearney's statue in Newark, the writer, one of the guests of the Board of Trade, was asked by a prominent Newarker if he knew Doctor Pierson and, if so, did he know that "Stephen Pierson was a credit not only to Morristown, but to the whole State of New Jersey?" The answer may readily be imagined.

As to the responsibilities with which our friend was entrusted. At some time in his comparatively brief life, he successively held all the offices in the County Medical Society and one in the State Medical Society, was Director of the County Freeholders, Commander of the Morristown "Grand Army Post," Medical Director of the 125 G. A. R. Divisions of the State, Elder in a Presbyterian Church, President of the Board of Education, Director in the Young Men's Christian Association, 1st Vice-president of the "Washington Association," et alia. Thus was his executive ability recognized.

Broadly generous with his earnings, unaffected in his intercourse with all, though aristocratic as to lineage, as to mental culture, as to command of men, as to personal surroundings, and thus frank sometimes to the verge of brusqueness, he served Morristown and he stamped himself upon Morristown, and its institutions, with an impress likely, as the perspective adjusts itself, to increase rather than to diminish.

The crowning achievement of Doctor Pierson was the founding and fathering of this Club. Years before its organization he had, in conjunction with Dr. Barker planned the same thing but, at that time, insuperable obstacles crossed the path. But he was no man to abandon a Statesmanlike and needed dowry to a divided profession. With the help, this time, of wise heads and warm hearts, he laid the firm foundations of a structure that commends itself to all of us.

This Club is, for valid reasons, limited to twenty-five members, else there is no reason why, in time, it should not include all Morristown physicians who practice medicine honorably and in a brotherly spirit.

Doctor Pierson's delight was to entertain the Club, to enrich its sittings with scientific speakers of wide reputation, and to promote its highest interests in every way possible. Had we, as have College Fraternities, our permanent habitat, we might fit-

tingly instal there a tablet bearing the laconic legend "Stephen Pierson, Fons et Origo," or, in plain English,—Fountain Head and Origin!

Perhaps the writer should explain just what he means when he deplores the fact that our friend's life was not as "equable" as desirable. The meaning is that the balance between brain and body was, perhaps, not safely kept, that the reservoir of life was dangerously drawn upon in favor of employments gratifying to his ambition for his calling, and to his desire to be used of his generation, but not in accord with physical prudence.

When the crucial sorrow of Doctor Pierson's life, the loss of his wife and his children, overtook him, (a sorrow under which most of us would have gone down, some not to rise again), the Doctor elected, not to hide in his tent, but, to use his own Saxon language, to "pitch in."

When most menacingly tired, he lit another cigar and went ahead. In the writer's opinion he may have worn himself out prematurely. Be all this as it may, we have had and we have lost, as physicians, as citizens, as doers of good, as lovers of our country, a sui generis colleague.

It is perhaps, pardonable, when reviewing such a career as a whole, if one philosophizes a little.

That career demonstrates, once more, that material success, to endure, must rest upon the foundation cement of adequate preparation, that the measure of the extent of the success will be the measure of industrious and unremitting application, and that the measure of the swiftness of the success will be opportunity.

It demonstrates, likewise, that the hurricanes that break upon human life, in all its conditions, are best resisted by those who take a Divine Pilot.

Also that mankind is not deceived by the glamour of mere accumulation, regardless of the rights and feelings of others, and that our friend commanded the devotion of such a following because he sought to be just, to be considerate, to be sympathetic, to be brotherly.

He has laid under obligations the community, religion, in its broadest sense, more than one once struggling practitioner, the State, the nation, the school system, the less fortunate of his war comrades, even the wretched tramp to whom he directed his faithful doorkeeper "Belle" to give, in each case, a few pennies lest he "make a mistake and refuse them to some one who ought to have them."

In closing, of him as of "rare Ben Johnson" many said "nullum tetigit quod non ornavit,"—he touched nothing he did not adorn!

And many will sympathize with the author of this modest tribute in quoting for him the epitah, by Fitz Greene Halleck, on Joseph Rodman Drake:

"Green be the turf above thee,
Friend of my better days.
None knew thee but to love thee
None named thee but to praise!

Clinical Reports.

Infantile Scorbutus in Boy of Six.

Dr. F. Glaser in Berliner klin. Woch. reports two cases. The second patient was a boy of 6 who refused all food except boiled milk and rolls. After a year of this one-sided diet, he developed infantile scorbutus in a very severe form. The Roentgen findings are given for both cases and the rapid recovery on raw milk and lemon juice in the second case and, in the first, on raw milk, orange and meat juice, spinach and soft mashed potatoes.

Aberrant Thyroid Tumor From Base of Tongue.

Dr. W. G. Howarth reports the case of a patient who complained of great difficulty in swallowing with occasional attacks of dyspnea. The tumor involved the base of the tongue in the middle line and was pressing against the lingual surface of the epiglottis. There had never been any symptoms of thyroid insufficiency. The thyroid in the neck was scarcely palpable, but at the time of operation, when a preliminary laryngotomy was performed, both lateral lobes were found to be present, though no trace of the isthmus could be detected. The section showed a fibrous capsule outside a layer of thyroid glandular tissue; the center of the tumor was made up of blood-clot.—Proceedings of the Royal Society of Medicine.

Deformity of Nose Corrected by Transplantation of Pieces of Rib.

Presented by Robert H. Good at a meeting of the Chicago Laryngological and Otological Society.

Five years ago this patient developed an abscess in the nose, just at the top. A physician called it a carbuncle, but it discharged for three or four weeks and destroyed the cartilages of the nose and part of the septum, so that the nose had fallen down very badly. The patient consulted Dr. Good five months ago and Dr. Good advised the taking out of a piece of a rib and putting it into the depression, to which he consented very readily, as he had consulted three or four men all of whom had advised leaving it alone. Dr. Good made an incision from side to side, removed the periosteum and lifted it up as far as the tip of the nasal bone. He drew the skin off the tip of the nose, and then took a piece of the seventh or eighth rib. of the size he thought would fill out

the depression, and pushed it through the opening down to the tip of the nose, but he noticed that when he had this piece in it was impossible to bring the nose up to where it ought to be. So he took another piece of the rib, a little wider than the first, and put it underneath the other and made a very good looking nose. With very fine catgut he made a subcutaneous suture in the scar in order to make as little deformity as possible. Collodion dressing was put on followed by a plaster-of-Paris splint over the surface of the nose. The patient was kept in the hospital for a week. There was absolutely no reaction and no pain. The X-ray at this time shows that the piece of bone Dr. Good put in had slipped up a little bit just over the nasal bone, so that there was a little depression left. The patient was discharged and he wrote back in three weeks that there was still a little depression, so he was told to come back, when it was seen that the bone had slipped up a little. Dr. Good pushed it down and suggested that paraffin be injected. He did another operation and put another piece of rib into the nose from the tip, and as this was not sufficient to build up the depression he took still another piece and put it underneath. There are four pieces of rib in the nose.

Syphilitic Otitis Media.

Dr. C. Luders, in Deutsche med. Woch, reports five cases of a primary syphilitic process in the tympanum or labyrinth wall. Severe deafness and signs of acute otitis media were not relieved by paracentesis, and a history of syphilis, two, five and six years before, cleared up the diagnosis. All the patients stated that the hearing had gradually declined as the signs of otitis developed. One patient had also nausea and vertigo, one facial paralysis on the affected side and in one the meatus was much swollen. One patient had fever, vertigo, vomiting and nystagmus and two of the others had also nystagmus toward the sound side. One patient was an infant with inherited syphilis. Under combined antisyphilis treatment the disturbances subsided, but the hearing on that side was permanently lost in the cases which went on to suppuration. In six other cases of non-specific acute otitis media in syphilitics the process healed promptly under the usual measures without impairment of hearing.

Fracture of Zygomatic Process and Dislocation of Malar Bone.

Presented by Dr. Good, at same meeting as the preceding case.

This patient, a middle-aged man, fell down the stairs and fractured the cheek bone so that there was quite a depression. He did not consult a doctor immediately but waited until pain developed. The pain was located in the inferior orbital region. He at first consulted a general practitioner. When Dr. Good saw him he at first excluded antrum disease. There was no tenderness on deep pressure. The zygomatic process was broken and this part was pushed down and the malar bone was, as it were, everted or turned in. At first Dr. Good intended putting in a large sound underneath the edges of the zygomatic process and prying it up, but was unable to do it. Afterward he found that the zygomatic process had been fractured in two places. One inch of the bone was lying loose. He refractured the callus sutures from the malar bone, when he was at a loss to know how to keep the malar bone in place as there was nothing upon which to support it. It occurred to him to use Carter's nasal splint. He bored a hole and put in a silver tube, and kept the malar bone in place until it was perfectly healed. He left the inch of bone in place and it has united perfectly.

Epidemic Parotitis—The Ovary Involved.

Reported by Dr. Harlow Brooks, New York, in a paper in the A. M. A. Jour., Feb. 1, 1913.

A married nullipara, aged 24, developed a double-sided epidemic parotitis of moderate degree. The temperature did not at first exceed 101 F., with a proportionate pulse-rate, and the patient was with difficulty persuaded to remain in the house. Five days after the appearance of the parotitis she was acutely attacked by excruciating pelvic pain on both sides. Local examination showed both ovaries to be enlarged to masses the size of a large hen's egg, exquisitely tender and very painful. The temperature had now reached 103 by mouth, and a proportionate pulse-rate was present. Two days later both mammary glands became greatly swollen, red, tense and very painful, the nipples became inflamed and the weight of the unsuspended breasts was so great that the patient was obliged to have them supported by dressings. Bandaging and the use of cold compresses caused rapid subsidence of the mastitis, and after one month's time the patient was entirely well.

This woman has since remained under occasional observation for over six years. Her menstrual epochs have remained regular, painless and entirely natural, she has presented no symptoms of ovarian disease and local examination discloses no abnormality, though both ovaries are easily palpable. She has not become pregnant, but this may be due, not to a hypothetic ovarian atrophy such as might from analogy be expected to occur as a sequence of so marked ovarian inflammation, but to the fact that her husband presents a case of incompletely treated syphilis. It is noteworthy, however, that the breasts which were formerly full, firm and well-developed, are now soft, atrophic and flabby.

Sympathetic Inflammation With Normal Vision; Recovery.

Dr. W. A. Fisher reported this case to the Chicago Ophthalmological Society, stating that the case was presented to the society three years ago at a symposium on sympathetic inflammation with a vision at that time of 3-200.

The history of the case is as follows: Elmer B., aged 11 years, was struck in the right eye May 17, 1907, with a piece of copper. Dr. Fisher saw him July 17, 1907, two months after the accident. The right eye was hopelessly blind and there was a well marked sympathetic inflammation in the left eye. The right eye was removed within an hour from the first visit, patient was put in bed, giving eliminatives and as his weight was about 70 pounds he was given 70 grains of salicylate of soda every 24 hours which gave him no annoyance. Two drops of 2 per cent. atropin was instilled into the left

eye every 4 hours and hot applications applied.

The left eye was much better the next day after the removal of the right eye, but there was no vision on account of the dense exudate in the pupil. The pupil would not dilate and an iridectomy was performed July 30, 1907, to reduce the tension. The tension was reduced by the iridectomy but did not entirely disappear. Aug. 30, 1907, one month after the iridectomy and two months after the removal of the right eye, the left lens was removed on account of the tension. Sept. 30, 1907, one month after the removal of the lens the eye was practically quiet and remained in a semi-quiet condition for several months. From May, 1908, until May, 1910, the eye remained quiet except the tension which was about minus one. His vision during this time was about 3-200. The pupil was drawn up and practically closed.

May 20, 1910, two years after the inflammatory symptoms had disappeared an iridotomy was performed by the Ziegler method with a sharp Ziegler knife. A large pupil was made and has remained open as you see it to-night. He was kept in bed after the operation, eliminatives and large doses of salicylate of soda given, atropin 1 per cent. and dionin 10 per cent. instilled in the eye four times a day. His vision soon began to improve and as the vitreous began to clear up his improvement was rapid.

Aug. 20, 1910, three months after the iridotomy his vision had increased to 20-65 with correction. From this time on the improvement was slow but sure. Nov. 30, 1912, his vision was 20-40. To-night the eye is perfectly quiet, has not given him any trouble for more than a year. His vision is 20-20 and he can read Jaeger No. 1.

The excellent result obtained may be attributed at least in part to the iridotomy performed two years after the inflammation had subsided.

High-Frequency Currents in Trigeminal Neuralgia.

Dr. W. F. Somerville, in the British Medical Journal, Dec. 21, 1912, reports the case of a woman, aged 60 years, who suffered from severe trigeminal neuralgia of eight years' duration. The attacks were frequent and even in the intervals between them the patient lived under the constant fear of their return. She had been at one of the English spas, and had been treated by ionization, but without benefit. The author began high-frequency treatment November 2, 1911, and continued this method of treatment daily with one or two intermissions until June, 1912. By that time the attacks of neuralgia had completely disappeared, and the patient's appearance and general sense of well-being showed a corresponding measure of improvement.

Deafness Caused by Excessive Tea Drinking.

Dr. A. Sharp reports the case of a woman, aged forty, who complained of increasing deafness for about eighteen months. On examination there was found dfficulty in locating sound, but no tinnitus; watch and whispered voice were heard about 6 inches from both ears; nose and throat were healthy; tympanic membranes were normal. Tuning fork tests were typical of nerve deafness. Family history was negative. No syphilis. Patient was subject to worry. She found that strong tea cheered her up, and admitted taking it as often as eight or ten times a day. The tea drinking was stopped, and in four weeks the hearing improved to 18 inches for watch and whispered voice. Improvement continued until the hearing was nearly normal. In spite of warnig the patient again took to tea drinking and deafness resulted. On again giving up the habit normal hearing returned.—Proceedings of the Royal Society of Medicine.

Effect of Fetal Death on Pregnancy Nephritis.

Dr. Molinari, in Berlinklin Woch., presents a case which he considers in relation to the much disputed question regarding the production of eclampsia. The patient, a ii-para, in the seventh month of pregnancy, was admitted to the hospital with a severe nephritis and evidences of an impending eclampsia. During the first six days after admission while the fetus was alive, only a slight improvement in the nephritis resulted. On the seventh day the fetus died and the albumen rapidly subsided, while the urinary secretion increased in amount and the edema disappeared. Eighteen days after admission the completely macerated fetus was spontaneously deliverd and no further urinary changes took place. Molinari believes that the prompt recession of the nephritic symptoms with the death of the fetus is not accidental, but must be regarded as closely related and can be explained by the metabolic relations between the mother and the fetus. He considers that the intoxication of the mother resulted from the presence of the living child, and that as soon as this died, the toxins being no longer manufactured, the mother's condition improved.

Adenosarcoma of the Cervix Following Supravaginal Hysterectomy for Fibroids.

Dr. L. J. Ladinski reported this case at the meeting of the N. Y. Academy of Medicine, Dec. 26th.

The woman was forty-five years of age, had been married twenty-four years, had had no children, and no miscarriages. She had menstruated regularly until February, 1910, when a supravaginal hysterectomy was performed for fibroids of the uterus. She was referred to Dr. Ladinski in September, 1910, because of severe pain and difficulty in urination and defecation. Upon examination a large mass the size of an orange was found occupying the place of the uterus and extending princpally to the right. Assuming that the tumor was a fibroid and had developed from a small one overlooked in the cervix at the time of the operation, the case was diagnosed as one of fibroid. Upon opening the abdomen a mass was found adherent to the omentum and appearing to spring from the stump of the cervix. It was somewhat adherent to both rectum and bladder. After removal of the tumor and cervix the patient made an uneventful recovery. The report of the pathologist stated that the tumor had an irregular nodular surface, was brownish-yellow in color, rather firm in consistency, and had fatty bands like portions of the omentum firmly attached to the greater part of its surface. Grossly the tumor resembled a degenerated sloughy fibroid. On cross-section the surface was yellowish and irregularly lamellated. The frozen section showed a papillary adenocarcinoma. This was

confirmed by section of the hardened specimen. There were signs of very active proliferation, The carcinoma had invaded some of the attached omental adhesions. The smaller tumor was irregular, of firmer consistency, and showed on microscopical examination that the cervical glands were retained. The patient had gained 20 pounds since the operation and was in splendid physical condition. This case was interesting because of the coexistence of fibroid and carcinoma and the question of the possible causative relation between the two conditions.

Recurrent Carcinoma—Multiple.

Dr. D. Y. Keith, of Louisville, reports this case in the Kentucky Medical Journal, July, 1912:

Mrs. S. C., female, white, widowed, aged 72.

Family History—No history of cancer in family. Has three children living, youngest age forty, all in good health.

Personal History—Has always been a very active woman with fairly good health. She was operated upon thirty years ago for some rectal condition with an ideal result. Three years ago the axillary glands with right breast were removed, which proved to be carcinoma upon microscopical examination. The line of incision was exposed to the X-ray several times after the operation. During the past few years she has had an occasional attack of gastric distress, usually being relieved by elimination and digestants.

I was called to see the patient on August 29, 1911, in an emergency, and found the following condition.

Patient was in a state of collapse with profuse perspiration, pulse 140 very irregular, marked dyspnœa, unable to breathe except in the semi-sitting position. Physical examination revealed a markedly distended stomach displacing the heart upward and to the left, causing it much embarrassment. Chest examination negative except few large rales in the bronchi. Patient suffered no pain but looked distressed. Spent a very uncomfortable night but improved under rest and elimination. Dyspnœa was marked on slight exertion, during entire course of illness. Urinalysis showed a trace of albumin with very small amount of urine. No cases were present.

Patient improved for a few weeks and then began to decline which was gradual until the end. Slight induration was present along the line of incision with two or three small hard nodules at the upper end of incision. Slight tenderness on pressure was present all the time over the upper abdomen with very tender spot at the splenic flexure of the colon. Constipation only slight. Pain in the early part of illness in right shoulder and scapula; later the most marked and constant pain was over the pyloric end of the stomach and liver region radiating to the right axila. Chest examination negative until six weeks before death when dullness appeared over lower part of the right lung with abscence of breath sounds. The dullness gradually increased until the lower two-thirds of the right lung was silent. Throughout entire illness nausea was marked at intervals with only slight vomiting. No blood ever present in vomitus or in the stools. During the last three weeks of illness she was unable to take more than one or two ounces into the stomach without becoming nauseated. Rectal feeding was used to support her for three weeks or more. No tumors of the viscera were ever palpable. At no time was the temperature above 99.4 degrees Fahrenheit, pulse ranging from 86 to 106. Treatment was symptomatic.

Autopsy Report—On opening the abdomen the large bowel was all that could be seen, it being distended. The transverse colon was prolapsed into the pelvis. A portion of the sigmoid was adherent to the uterus and left broad ligament. In the wall of the entire large bowel could be seen many small brownish specks, though they were only slightly palpable. In the mesentery of the large bowl numerous small hard neoplasms were present from the size of a grain of wheat to that of an almond. These small tumors were in chains, the largest number being in the meso-sigmoid. The appendix was obliterated. A tumor the size of a vest button was present on the tip and two smaller ones in the meso-appendix. Behind the peritoneum in the walls of the abdomen were many of these small tumors. Behind the stomach was a mass of these neoplasms possibly one hundred in number which bound the pyloric end of the stomach to the spinal column, causing a partial obstruction. The stomach was small and very flabby. Many small tumors were present on superior surface of the bladder just under the peritoneum. Six or eight were present on upper surface of the right lobe of the liver, all of which were umbilical. Bile passages distended though otherwise normal. Right lung was adherent to chest wall. The chest wall being filled with numerous small tumors, also involving the parietal pleura.

Copy of Laboratory Report—Louisville, Ky., March 11, 1912.—Section shows liver with isolated areas of fatted infiltration and some network of connecting tissue. One portion of section shows a nodular mass of tissue in which there are groups of spheroidal cells with vesicular neuclei in a mass of rather fibrous tissue.

Microscopical Diagnosis—Metastasis to liver of an epithelial growth with connective tissue formation with history of a carcinomatous breast and subsequent amputation and the picture in mind of a sclerous carcinoma with great connective tissue growth. I should associate this metastatic growth with the original growth in breast. Leon K. Baldauf, A. B., M. D.

Syringomyelia Said to Have Shown Itself After Electric Shock.

Dr. Tom A. Williams, reported this case to the Washington, D. C., Medical Society:

Dr. Williams stated that the disease first manifested itself a few weeks after an electric shock. A man, age 21, when seen three years previously, showed marked muscular atrophy of the small muscles of the hands, with loss of power to flex and pronate the right wrist, flex and adduct the right thumb, along with weakness of the muscles of the wrist and hand. On the left side the fingers and thumb could be partly flexed. The deep reflexes were exaggerated in the lower extremities, and the right great toe extended when stroking the sole; the cutaneous reflexes were very faint.

Sensibiilty to cotton wool was diminished over the dorsum of the right second metacarpal, elsewhere intact. Pin prick and deep pain were felt everywhere, though the former was

perhaps diminished over the wrist and hands, especially towards the ulnar border. Cold was felt as warm over the left dorsum. especially towards the ulnar border. Sometimes perception was correct, and was always so if the stimulus was severe and prolonged. There was delayed sensation as to warmth, but not to heat. On the right warm was called cold over second metacarpal; elsewhere sensibility was not impaired. He was able to detect two compass points at normal distances. There was a half-dollar area of hypoesthesia to warm at the back of the neck, one inch to left of sixth cervical vertebra. The hands, although red, showed no distinct cutaneous atrophies.

The disease has steadily progressed for six years; but since my first examination, three years ago, when I recommended light work, he believed that he was better for a time. Now the sensibility to pricking or coolness has gone distinctly from the left arm, and is diminished higher up and on the other side. The right hand is rigid in the claw position, and the muscular atrophy has progressed.

The etiology alleged is highly improbable if the case is one of true spinal gliosis, of which it bears all the marks. It is the first case reported in Washington, having been presented to the Society of Nervous and Mental Diseases in 1908 by the present reporter.

Abstracts from Medical Journals.

Diaphragmatic Hernia.

Dr. K. M. Vogel, concludes that diaphragmatic hernia is much commoner than is generally supposed, and may exist indefinitely without giving rise to symptoms. Dextrocardia and physical signs suggesting those of pneumothorax should always cause the possibility of this condition to be thought of and lead to careful radiographic study of the thorac.—American Journal of the Medical Sciences.

Cancer of the Larynx—Laryngectomy For.

Dr. G. W. Crile, in the Laryngoscope, Dec., 1912, claims that early cancer of the larynx is the most curable cancer of the body, because, first it is intrinsic, second, its diagnosis can be made early and third, the involvement of the lymphatic glands occurs late. He has performed 24 laryngectomies with a 7 per cent. operative mortality. The principle disabilities after operation are, the peculiar voice, the personal appearance of the patient and the predisposition to pulmonary troubles. Among the special dangers are pneumonia, local infection, mediastinal abscess, vagitis and reflex inhibition to the heart and respiration through interference with the superior laryngeal nerves. The question of the anesthetic is of a great deal of importance. A preliminary tracheotomy is made, into which is fitted rubber tubing going down into the trachea. This is connected with a special apparatus through which the ether is given. The author describes the operative technic for total or partial laryngectomy. The former is preferred.

Surgical experience has now demonstrated in trinsic cancer cannot invade hyaline cartilage; that metastasis seldom occurs; that cancer frequently follows benign tumors and syphilitic ulceration; that immediate mortality is well controlled; that disability and deformity are not important enough to have any weight in deciding for or against the operation and that if early recognized intrinsic cancer of the larynx is perhaps the most curable cancer of the body.

Primary Cancer of the Vermiform Appendix.

Dr. J. M. Graham, in the Edinburgh Medical Journal, January, 1913, reported six cases of his own and has found 172 cases of primary cancer of the appendix previously reported in the literature. The main facts of interest in connection with his own cases are the following: All were obtained at operations, in four of the cases performed for sypmtoms of appendicitis. The presence of the tumor was suspected at operation in three cases; in the other cases it was found on longitudinal section of the organ. The age in all the cases was under thirty. The tumor was situated at or near the tip in four cases, in the middle third in two cases. The tumors had a characteristic yellowish color, and in all the cases the lumen was obliterated at the site of the growth. Signs of old peritonitis were found in every case at the site of the growth. Concretions were present in two cases and a whipworm in one. Microscopically the tumors are chiefly spheroidal-celled cancers; in three cases they represent a transition between spheroidal-cell and adeno-carcinoma. No enlarged gland or metastases were observed.

Extra-Uterine Pregnancy.

Dr. Stuart McGuire, of Richmond, Va., at the annual meeting of the Southern Surgical and Gynecological Association, reported five cases on which he had operated a second time for extrauterine pregnancy. He quoted Dr. Richard R. Smith, who tabulated 2,998 operations for tubal pregnancy, in which recurrence followed in 113 cases, or 3.8 per cent. He did not believe these figures represented the true frequency of the accident, as he thought it was impossible to follow up such cases accurately over a sufficient period of time to get final results. While he agreed theoretically with the rules laid down by Smith, he did not think they would prove of much service practically, as they left the decision of the question too much to the patient. A woman just before an operation for ruptured ectopic pregnancy was in no condition to understand or settle a complicated proposition. If she decided either for or against the removal of both tubes, she would in after life frequently regret the responsibility of the decision, fearing on the one hand a repetition of her former accident, or indulging on the other in morbid longings for a child whose advent she had made impossible. The operator should settle the question for himself, without taking the woman into his confidence, remembering all the time that a surgeon's and a patient's attitude to an operaton was often very different, and often very far apart. In deciding the question the surgeon should try to put the patient in the position of a member of his own family and ask himself, "what would I want done if this were my wife, or my sister, or my daughter?"

Medical Societies' Reports.

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular March meeting of the Atlantic County Medical Society was held Friday evening the 14th, at the Hotel Chalfonte, Atlantic City, N. J., at 8:30 o'clock.

Dr. Wm. S. Bainbridge of New York City, read a paper on "Chronic Intestinal Stasis," and illustrated with lantern slides a number of cases. Dr. Muller of Philadelphia and Dr. Beck of Chicago discussed the paper.

Dr. Marvel presented several cases of Pyloric spasm.

The following members were present: Doctors Atherton, Bew, Bennett, Charlton, Carrington, Conaway, Darnall, Dunlop, Davis, Guion, Garrabrant, H. T. Harvey, Lee, Martin, Marvel, Pollard, Reynolds, Senseman, Stewart, Scott, Snowball, Schmidt, Stern, Westcott and Weiner.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, March 11, at 8:15 P. M.

In the absence of the President and Vice-president, Dr. Charles Calhoun was elected to the chair. Twelve members were present.

Dr. George M. Levitas was elected to membership. An amendment to the Constitution changing the date of the annual meeting from April to October was adopted.

Interesting cases were reported by several members, and after a social session, the meeting adjourned.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society met Tuesday, March 4th to hear Dr. Arthur R. Mandel, Professor of Clinical Pathology in the University and Bellevue Medical College, on "Clinical Laboratory Examinations as an Aid to Diagnosis," the second on the subject, the first being February 25th. It should not be necessary to stir up the interest of practitioners in Clinical Pathology or to argue for the value, not to say indispensibility, of examinations of blood, sputum, gastric contents, urine, feces, etc. Because such examinations may not in a given case make an unequivocal diagnosis, and may need the help of etiology and the personal history for corroboration or exclusion, only proves their value and that, in Diagnosis, not symptoms, physical signs, pathological findings, etiology or history alone, are sufficient but that each has its own distinct realm. The pathologist would have as good an argument against the study of symptoms as the clinician against the laboratory if either are to be neglected. The last elections to membership were at the January meeting as follows:

Drs. Henry W. Thayer, Bloomfield; Sylvanus J. Nunn, Orange; Morris Farkas, West Orange; Wm. Dana Pursel, East Orange; Frederico Luongo, Orange; George A. McLellan, East Orange; Dr. Guy Payne, Cedar Grove.

The annual meeting will be held on Tuesday, April 1st, at 7:30 P. M., at Oraton Hall, Newark. Registration will be by personal signature on arrival, as there will be no roll-call. The President is Dr. Thomas N. Gray. Any candidates for admission must send their credentials (College diploma, State certificate, County certificate, member's endorsement and the fee of two dollars), to the home of the President, 20 Halsted Street, East Orange, by March 24th.

The Public Health Education Committee of the County Society scored another success, in its efforts to further the A. M. A. propaganda, in its last meeting, February 25th, a lecture at the Women's Club, Orange, by Professor H. E. Jordan of the University of Virginia, on Eugenics. The co-operation of these lay organizations with the County Society is a useful means of securing intelligent public sympathy with anything that the profession wants to present to laymen.

The Essex County Pathological and Anatomical Society met Thursday, March 13th, offering the following program:

1. Presentation of a case of Generalized Neurofibromatosis; (v. Recklinghausen's disease), Dr. Hugh F. Cook; 2. Report of a case of Carcinoma of the Breast, with unusual features, Dr. H. R. Widmer; 3. (a) Demonstration of Sarcoma of the abdominal wall with recurrence, (b) Ovarian Cystic tumor of unusual size, Dr. Charles Ill; 4. Report of a case of Stokes-Adams Syndrome, with a demonstration of a rare cardiac lesion, Dr. A. C. Dougherty and Dr. H. S. Martland; 5. Report of a case of Demariasis linearis migrans oestrosa, due to the Gastrophilus equi. (Bot Fly), Dr. H. J. F. Wallhauser; 6. Demonstration of an Adenocarcinoma fundi uteri, cum Fibromyomatis, Dr. A. S. Harden; 7. Presentation of specimens from the Pathological Laboratory of the City Hospital, Dr. H. S. Martland; 8. Specimen of Cerebellar Abscess, Dr. Eagleton; 9. Specimen of Tuberculous Kidney (single), Dr. Kessler.

The Newark Medical League held a public meeting Monday, March 17th, at which Dr. James M. Anders, of Philadelphia, read a paper on "Cardio-Hydrothorax."

The Academy of Medicine of Northern New Jersey has observed the following program: March 6th, Section on Pediatrics, paper by Dr. B. Sachs of Mount Sinai Hospital, New York, on "Convulsions"; March 11. Medicine, papers by Dr. H. B. Williams of New York on the "Electro-cardiogram in Diagnosis," and by Dr. F. C. Horsford on "Cardiac Insufficiency." March 24th, Eye, Ear, Nose and Throat, paper by Dr. T. W. Corwin on "Deviated Septum"; March 26th, Annual Meeting for the Anniversary Discourse, delivered by Mr. Frederick L. Hoffman, Statistician of the Prudential Insurance Co., on "The Menace of Cancer"; March 27th. Gynecology, paper by Dr. J. Osborn Polak, of Long Island College Hospital, on "Obstetrical Complications and Accidents," also reports on cases by Dr. Albert B. Nash and Dr. W. S. Doremas.

HUDSON COUNTY.

Wililam Freile, M. D., Reporter.

The regular meeting of the Hudson County Medical Society was held in Lincoln Hall, on March 6th.

Owing to the absence of the President, and the Vice-President being unable to preside from the fact that he was to read the paper of the evening, the Secretary was obliged to call the meeting to order. On motion, Dr. John A. Chard was made presiding officer for the evening.

Under interesting cases, Dr. John J. McLean reported the case of a patient who suffered with leucorrhoea, and no good results were obtained from douching three times a day with boric acid solution.

Dr. H. W. Brown recited the case of a woman, thirty-five, decided blond, who came under his observation suffering with exophthalmic goiter, with tachycardia and nervousness, but no pressure symptoms. Patient was not told about operation. After dose of morphine 1-4, hyoscine 1-10, atropine 1-00 hypodermically, she showed respiratory disturbances, with symptoms of atropine poisoning, developed mania and her condition became grave. Dr. Chard said in his opinion the condition was due to the use of the hyoscine.

Dr. Geo. E. McLaughlin stated he was delighted with the results of a vaccine made up from bacteria flora in nose, of a patient who was much bothered with colds in the head. The examination of the nasal mucus discharge disclosed the presence of a germ common in rhinitis—the Germans call it a bacillus septus (pseudo-diphtheritic baccillus.)

Dr. C. L. De Merritt spoke of a woman operated upon, and right salpingitis and cystic ovary were found, and at the same time the appendix was removed. One month afterwards the patient returned with symptoms of appendicitis. It was discovered that it was a reflected pain due to a right lobar pneumonia.

Dr. Chard reported the case of a woman with pneumonia which was followed by an empyema. An injection of 10 c.c. of a 2 per cent. formalin and glycerin solution resulted in an improvement in pulse, temperature and respiration, and patient brings up about two and a half to four ounces of pus daily. Flatness is disappearing, and the improvement is general. A second injection was employed, but the improvement was not so marked.

Dr. H. J. Bogardus read the paper of the evening on "Operative Treatment of Pott's Disease." (Dr. Bogardus was asked to forward paper direct to the Journal). Paper was discussed by Doctors Henry Spence and S. B. Sprague, of Jersey City, and Dr. Farrel of New York.

MERCER COUNTY.

Horace D. Bellis, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society, was held in the City Hall Building, on March 4th, 1913, Dr. Harry R. North presiding.

Dr. G. N. J. Sommer reported three very interesting cases of abdominal section, performed by him, under local anaesthesia. These cases were all in a desperate condition, and could not take a general anaesthetic. Dr. Sommer urges the more general use of local anaesthesia in this class of cases.

A general discussion, of the subject took place, by Costill MacKenzie Schoening and Turner.

The resignation of Dr. W. S. Sandy as reporter, was read and accepted. Dr. Sandy has recently accepted a position in a N. Y. State Hospital at King's Park.

Dr. Horace D. Bellis was elected reporter to fill the unexpired term of Dr. Sandy.

A resolution, that the society as a body attend the session of the State Legislature on March 10, 1913, and use their influence in support of the amended Osteopathic Bill, was formed.

A resolution was passed to have a programme committee appointed, whose duty it would be to prepare a programme two months in advance of each meeting. This resolution was the outcome of a discussion as to how to make the meetings more attractive and instructive.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The regular quarterly meeting of the Morris County Medical Society was held at Morristown on March 11th, 1913.

The president, Dr. G. A. Becker, was in the chair. About thirty members were present.

A communication from the Public Health Society of Newark was read, asking the medical society to support a bill introduced in the legislature in favor of appointing a committee to inquire into the state of the present health laws of New Jersey. The bill was also read and the society was in favor of such a commission being appointed.

Dr. F. Erwin Krause was unanimously elected to membership.

Drs. H. W. Kice of Wharton and F. W. Owens of Morristown were elected delegates to the Medical Society of New Jersey, and Drs. G. H. Foster of Rockaway and T. W. Bebout of Stirling, alternates.

The essayist was Dr. Walter M. Brickner of Mount Sinai Hospital, New York, who read a paper on "The Differential Diagnosis of Syphilis, Tuberculosis, Tumors and Osteomyelitis of the Long Bones." The paper is promised for publication in the Journal.

The paper opened with the statement that all doctors, especially surgeons, should endeavor to perfect themselves in the interpretation of radiographs which were much more commonly used for purposes of diagnosis than the cystoscope, in the use of which many general practitioners were already expert. The doctor also said that the surgeon should not trust entirely to the radiographist to tell him what an X-ray showed, but should know how to tell himself.

Following this the doctor described the diagnostic points seen in various diseases of long bones.

Histories of numerous cases were read and stereopticon views of radiographs shown to explain the points upon which to base a correct diagnosis. After a brief discussion, luncheon was served at Day's. The June meeting is to be held in Dover. Regret was expressed that

the New Jersey State Medical Society and the American Medical Association were to hold their meetings at the same time.

(The latter statement is an error, our State Society meets one week earlier—June 10, 12, 1913.—Editor.)

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The regular meeting of the Passaic County Medical Society, was held on February 11, 1913. Dr. Francois Was, was elected to membership. The scientific programme, was as follows: Papers were read on Appendicitis:

(a) Medical Treatment—Dr. Jacob Roemer; (b) Surgical Treatment; Time for Operation—Dr. William Neer.

B. Operative Complications:

(a) Ileus, Dr. W. W. MacAlister; (b) Pulmonary Thrombosis, Dr. J. A. Maclay.

The attention of the members was called to the amendment to the by-laws passed in February, 1912, eliminating contract practise, effective February 13, 1913.

MARCH MEETING.

The regular monthly meeting of the Passaic County Medical Society, was held on March 11, 1913.

The following papers were read: 1. The international Ozena Investigation, by Dr. W. B. Johnson. 2. Diagnosis and Treasment of Septic Peritonitis, by Dr. B. H. Rogers. After discussion the meeting adjourned.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The regular bi-monthly meeting of the Somerset County Medical Society, was held at the Ten Eyck House, Somerville, February 13, at 3 P. M., there being a good number of the members present. Dr. E. J. Ill, of Newark, presented a very interesting paper on "Caesarean Section," which was thoroughly discussed.

Under the head of new business new legislation was proposed changing the annual meeting of the Society from April to October of each year, with bi-monthly meetings, as at present, and also making the fiscal year, Jan. 1 to Dec. 31st inclusive.

Dr. Lancelot Ely, of Somerville, presented an interesting case of transposition of viscera and Drs. W. H. Long and T. H. Flynn were appointed a committee to arrange for the annual dinner in April.

Local Medical Societies.

Morristown Medical Club.

Reported by Dr. E. Moore Fisher.

The Morristown Medical Club met at Day's, Morristown, on February 26, 1913, as the guests of Dr. F. W. Flagge of Rockaway. The subject for discussion was "Pernicious Anaemia," and the essay by the host has been promised for publication in the Journal. The doctor spoke of the different possible etiological factors, pointed out the pathological changes found microscopically in the blood cells, after which he dilated at length on the symptoms of the disease, and its treatment and reported several cases, two being in the same family. In the discussion, Dr. G. H. Lathrope cited the case histories of several patients he had attended and Dr. James Douglas spoke about those he had treated. Dr. B. D. Evans took the ground that pernicious anaemia was not a disease entity but a symptom of some condition that the profession had not yet fully determined. In discussing the harmful results that often followed the transfusion of blood in an attempt to help these cases, he said that this could be easily understood from a study of eugenics and other points of breeding where it was seen that the mating of two nearly allied strains always resulted in a weakening of the offspring and the adding of blood from one near kin to that of the patient could do little but intensify the unhealthy condition.

Summit Medical Society.

W J. Lamson, M. D., Secretary.

The regular monthly meeting was held at the Highland Club, on Friday, Feb. 28, 1913, at 8:30 P. M. Dr. T. W. Bebout, of Stirling, entertaining, and Dr. T. P. Prout, of Summit, in the chair.

The paper of the evening was read by Dr. Thomas N. Gray, of East Orange, on "Some Points in the Diagnosis of Disease in Children."

After a free discussion by the members and guests present, and the reports of several very interesting cases, the meeting adjourned, and refreshments were served.

Other Medical Societies.

New Medical Society—Medical Economics.

The American Society of Medical Economics was incorporated recently at Albany, N. Y., its aims being in brief as follows: To study all matters of medical economics. To maintain a high standard of medical education and of professional conduct. To consider and perform the duty of the profession to the public in making use of all proper means to expose all forms of quackery. To aid the constituted authorities in the enforcement of all medical laws. To secure legislation for the suspension or revocation of the license to practise medicine for causes such as insanity or professional misconduct. To cooperate with other societies with the object of establishing certified pharmacies where prescriptions may be filled with pure and standard drugs as ordered. To oppose all acts tending to encroach upon the practice of medicine, such as legislative enactments establishing pseudo-specialists in medicine, and the extension of the work of the Board of Health along the line of clinics and curative medicine. To organize and carry on a campaign against the abuse of medical charity. To aid all licensed physicians requiring postgraduate instruction to obtain it in the charity hospitals and dispensaries of the State. Dr. E. Eliot Harris of New York, chairman of the committee on legislation of the County Medical Society, has been elected president of the new society, and its five vice-presidents are Dr. Algernon T. Bristow, Dr. W. F. Campbell, Dr. Smith Ely Jelliffe, Dr. T. K. Tuthill,

and Dr. T. F. Rally. The secretary is Dr S. Dana Hubbard and the treasurer, Dr. Royal S. Copeland. The society will establish branches throughout the United States and in other American counties, and a board of seventeen directors has been named to advance the work in hand.

The Advancement of Clinical Study.

A Society for the Advancement of Clinical Study has recently been organized in New York City, the purpose of which is to maintain a bureau of information which will furnish to resident and visiting physicians definite information regarding the clinical facilities of the hospitals and laboratories of the greater city. For this purpose a bulletin board has been installed at the Academy of Medicine, 19 West 43rd street, in charge of a special clerk who will be on duty between the hours of nine and six to answer all telephone inquiries (Telephone 974 Bryant). The bulletin board will consist of two sections, on one of which will be posted month by month, the regular clinics, medical and surgical, and also laboratory demonstrations, all of which are held at stated hours. The second section will include full announcements of daily operations and demonstrations of cases both medical and surgical, which as far as possible will be announced on the day preceding their performance. It is believed that these facilities will afford physicians who are interested in observing particular operations and operators or clinicians, an opportunity to obtain the desired end with the least trouble. It is hoped that by this means the large and unexcelled clinical facilities of New York City will be made more accessible to those who may desire to make use of them.

Medical College Alumni Meeting.

A meeting of the Tri-State Chapter (New York, New Jersey and Connecticut) Alumni College of Physicians and Surgeons of Baltimore, Md., was held at the German Club. Hoboken, N. J., February 27, 1913. The following was the programme:

1. Interpretation of Chronic Abdominal Enlargement in Children, by Dr. H. B. Sheffield, of New York City.
2. Naevi, by Dr. John H. Carman, of Plainfield. General discussions followed the presentation of each paper.

The following officers were elected for the ensuing year:

President—Dr. Wm. J. A. O'Hara, Bridgeport, Ct.

1st Vice-president—Dr. John H. Carman, Plainfield, N. J.

2d Vice-president—Dr. Hugh Cook, Newark, N. J.

Recording Secretary—Dr. T. Richard Paganelli, Hoboken, N. J.

Corresponding Secretary—Dr. J. G. Callison, New York City.

Treasurer—Dr. H. B. Sheffield, New York City.

Librarian—Dr. Joseph McDede, Jersey City, N. J.

Executive Committee—Drs. W. E. Fitch, chairman, New York City; Frank W. Lockwood, East Orange; Benjamin Finkelstone, Bridgeport, Conn.

Society of American Bacteriologists.

The meeting held in New York, Dec. 31, 1912, to Jan. 2, 1913, was one of the most successful the society has ever had, both in general interest, as evidenced by the large attendance at each session and in the importance of the papers presented. The following officers were elected: President, Prof. C. E. A. Winslow, American Museum of Natural History, New York City; Vice-president, Prof. Chas. E. Marshall, Massachusetts Agricultural College, Amherst, Mass., Secretary-Treasurer, Dr. A. Parker Hitchens, Glenolden, Pa.; Council, W. J. MacNeal, L. F. Rettger, D. H. Bergey, H. A. Harding; Delegate to Council of American Association for the Advancement of Science, Prof. S. E. Prescott.

National Eugenic Society Formed.

The National Eugenic Society, which was proposed when the Denver Baby Show had proved such a success, was formed at Denver, Colorado, on February 11, 1913.

Mrs. Mary T. Watts, of Audubon, Ia., will head the organization as temporary president, and Dr. Mary Elizabeth Bates, of Denver, will be the temporary vice-president. Chairmen of committees which will be formed in different States were chosen and plans made for active work in promoting the cause of eugenics in a practical manner. Later the officers elected temporarily will give way to David Starr Jordan as president and C. B. Davenport, secretary of the Eugenic Record office, New York, as vice-president. F. A. Wolff, of the Bureau of Labor at Washington, will become secretary.

Dr. R. M. Plummer, of Portland, Ore., a noted eugenist, was made chairman of the Oregon committee: Dr. Bates was made chairman of the Colorado committee, and Mrs. Watts of the Iowa committee. Dr. Plummer has announced that he has made arrangements with the officers of State affairs in all the States of the nation to have a eugenics department at their exhibitions, and an elimination contest at each fair will be held, similar to the one held in Denver. Members of the society have received word from C. C. Moore, president of the Panama-Pacific Exposition to be held in San Francisco, saying the officers of the Association are greatly interested in the eugenics exhibitions and that they want such a show to be one of the leading attractions at the World's Fair.

International Conference on Infant Mortality and the Welfare of Infants.

(Suggested by Dr. H. L. Coit in 1911.)

An English-Speaking Conference on Infant Mortality (suggested by Dr. H. L. Coit in 1911) will be held at the Caxton Hall, Westminster, England, on August 4th and 5th, 1913, immediately after the International Congress. It will be held in two sections—(a) Administrative; (b) medical—will sit simultaneously.

Administrative Section—Monday, August 4th, morning and afternoon sessions. Subject: The Responsibility of Control and Local Authorities in the Matter of Infant and Child Hygiene. Tuesday, Aug. 5th, morning session. Subject: The Administrative Control of the Milk Supply.

Medical Section—Aug. 4th, Morning Session: Subject—The Necessity for Special Education in Infant Hygiene. Afternoon Session, Subject—Probelms in Nutrition.

Tuesday, Aug. 5th—Morning Session. Subject: Ante-Natal Hygiene.

Arrangements will be made for members of the Conference to visit institutions for the welfare of mothers and infants in and near London, and of inspecting special institutions in the Provinces. The fee for the Conference has been fixed at one guinea, entitling subscribers to receive, before the Conference, proofs of the papers to be read and a copy of the Report of the Proceedings, when published. All communications to be addressed to the Secretary, Miss Halford at 4 Tavistock Square, London, N. C., England.

Any desiring to attend may receive information from Dr. Henry L. Coit, Newark, Chairman of the American Committee, authorized to take charge of the interests of the United States and Canada in this conference.

International Congress on School Hygiene.

State Commissioner of Education Calvin N. Kendall, has appointed the following delegates to represent New Jersey at the fourth International Congress, to be held in Buffalo, N. Y., August 25-30, 1913: Professor Joseph E. Raycroft, Princeton; Dr. William G. Schauffler, Lakewood; Dr. Edward Guion, Atlantic City; Dr. A. Clark Hunt, Trenton; Dr. George E. McLaughlin, Jersey City; Dr. George J. Holmes, Newark; Dr. B. Van D. Hedges, Plainfield, and Dr. Alexander Marcy, Jr., Riverton.

American Association of Orificial Surgeons—Homeopathic.

The spring clinic of the American Association of Orificial Surgeons will be held in the Surgical Amphitheatre of Hering Medical College, corner of Wood and York streets, Chicago, Ill., April 23-4-5-6. Dr. E. H. Pratt, A. M., M. D., LL. D., and assistants will operate on clinical patients, demonstrating the fundamental principles of Orificial Surgery as applied in the treatment of chronic diseases and as an adjunct to major surgery in general.

Miscellaneous Items.

Banquet to Dr. W. J. Robinson.

Over two hundred physicians, writers, editors and others prominent in the life of the city assembled at the Hotel St. Denis, Friday, March 7th, at the banquet tendered to Dr. William J. Robinson, by his friends and admirers, in recognition of his work as physician, editor, writer, lecturer and publicist, and in celebration of the tenth anniversary of the foundation of one of his journals, "The Critic and Guide." Dr. A. Jacobi, President of the American Medical Association, acted as toastmaster, and in his usual happy vein told that he read "The Critic and Guide" as religiously as a religious man reads his Bible and that he hoped to do so for fifty years more. Letters and telegrams were read from physicians and editors in other cities.

In the toasts that followed, Dr. James P. Warbasse spoke of the guest of honor as the iconoclast, clearing medical journalism of past traditions and abuses. Mr. James F. Morton, Jr., spoke of his work for eugenics, commending his campaign against prudery as one carried on not for sensational purposes, but to gain a serious hearing for questions vitally affecting the race. Dr. H. Edwin Lewis told some interesting history of the days when the manufacturers of unethical products offered unlimited financial backing to anyone willing to bring suit against the Doctor for his exposure of their products. Mrs. Anita C. Block, woman's page editor of "The New York Call," hailed Dr. Robinson as the champion of womanhood and the new type of physician. Dr. A. L. Goldwater spoke of him as the physician and Mr. Edwin C. Walker as the social reformer. Toasting Dr. Robinson as "The Citizen," Borough President McAneny said: "A man who plays the part of Dr. Robinson is not only a citizen but a good citizen. He has dealt with those things which before long will be matters of discussion in many and many a place. He has dealt with those things that we as a city must deal with if we are to raise up the right sort of people. The city, if I may so put it, has been the greatest prude of all in dealing with those things, and when we are thoroughly awakened the fruits of his activity will be seen in the City of New York. I regard him as a pioneer who is blazing the way, and where he has gone many and many a man and woman will follow and push his work to its completion. The City of New York values the citizenship of such a man as Dr. Robinson. Long may he continue to be with us and to aid in our city and social work."

In his response, Dr. Robinson referred to his gratification at the fact that among those present there were so many who did not agree with or endorse all his opinions and teachings, and described the problems besetting a radical medical editor.

Information Bureau of New York Clinics.

A Bureau of Information has been opened at the New York Academy of Medicne, under the direction of The Society for the Advancement of Clinical Study in New York, the object of which is to furnish to visitors and to the local profession information on medical subjects, so as to make use of the large clinical opportunities that are always here. Medical men of New York and Brooklyn are requested to furnish the bureau with information regarding such of their clinical work as they are willing any physician should see. Information as to autopsies, laboratory demonstrations, lectures, medical clinics, and operations is desired. An attendant in charge of the bureau wlil be at the Academy daily after nine o'clock, for the express purpose of receiving all information, and promptly posting the same on a special bulletin board. The attendant is ready to give every assistance in furnishing information.

Medical Calling in Peril.

The N. Y. Tribune, in a report under the above caption says:

In a paper read before the Medico-Surgical Society at its regular meeting held last night at the Hotel Manhattan. Dr. E. Elliot Harris declared that there was grave danger of the

medical profession being socialized, or taken under the direct control of the State and the physicians made civil service employes unless some action was taken very quickly by the doctors to controvert the influences which had been operating in that direction in recent years. Dr. Harris very frankly discussed the financial aspect of the profession.

He stated that many influences had operated in recent years to cut down the income of the general practitioner. Among the things which he blamed specifically for this were the charitable organizations and hospitals, settlement workers, visiting nurses, overcrowding of the profession, the modern scientific treatments which were rapidly exterminating all chronic diseases and the extensive operations of the municipal and State departments of health. In closing the speaker warned the physicians that if they did not take cognizance of the menace it would soon be too late, and they would not be able to prevent being taken into the State government as employes. About a hundred physicians and surgeons attended. A dinner was served before the business meeting.

Reflections of an Eminent Physician.

Dr. Stephen Smith, of New York City, at a dinner commemorating his 88th birthday said:

Hippocrates thus admonished the students of Cos: "Life is short, art is long, the occasion fleeting." No one so fully realizes the truth and beauty of these terse aphorisms as one who has passed into his nine decade. Life to him is but a half-remembered dream; art has been an ever-increasing pressure upon his energies; occasions improved or lost are joyous or sad memories.

The art of prolonging life has been the study of the ages, and innumerable are the methods proposed. But no one plan of ilving, no one medicinal agent, has been discovered that insures perpetual youth. Heredity and the simple life give the best results. But there comes a time to every one, "whether soon or late," as Whittier wrote, when the fires of passion and ambition have burned out, the pulse slows down, the vital currents flow more and more sluggishly in their courses, and all the forces of nature tend to quietude, repose, rest. Happy the man whose ilfe, whether short or long, is filled with honest efforts to cultivate every art that benefits mankind, and has seized every occasion to apply it where and when it was most needful and useful in uplifting the race. Then, "Or ever the Silver Cord be loosed, or the Golden Bowl be broken," he may, by Grace, pass, with these last words of Sir Henry Irving on his lips, "Into thy hands, O Lord."

Dr. Jacobi on the Family Doctor.

Dr. Abraham Jacobi, president of the American Medical Association, in an address at the annual meeting of the board of directors of Mount Sinai Hospital, pointed out the necessity for the doctor to have a working knowledge of the various branches of the medical profession and remarked that "the running after a specialist has become a great fad. The general practitioner has lowered himself too much to the position of advertising agent to the specialist. That must be stopped. The family physician who declines to make his own examinations on his own premises should be replaced by one who will."

He made a plea for more pathological work in the new building which is to be erected near the present hospital when the necessary money is raised. He believed that physiological chemistry has a great future.

Will Marry Only Healthy Persons.

Rev. Hugh D. Wilson, rector of St. George's Episcopal Church, Passaic, has announced that he will refuse to marry persons unless they show certificates attesting their mental and physical fitness for wedlock.

He says, "The world's trouble is a vast pyramid whose base is the number of misfit matches and consequent miserable homes. Clergymen have frequently debased their function by a willingness or eagerness to marry any one to any one else, whether known to them or not. If society unhappily cannot regulate the quantity of births, it can, at least, make an honest attempt to improve the quality. I believe that the church of which I am a clergyman will very soon enact a law requiring medical certificates for marriage and prohibiting the clergyman from marrying people in the absence of such certificates."

Dr. Spitzka on Brain Weight.

Dr. W. J. McGee, the government authropologist and son-in-law of Simon Newcomb the astronomer, died recently, leaving a will directing that his brain be given to Dr. Spitzka for examination.

Dr. Spitzka reports that Dr. McGee's brain weighed 1410 grams, or 59.65 grams less than the average weight of 100 emminent men's brains, of which there are accurate data, and in the list which he gives, we note the following:

Ivan Turgenev, the poet and novelist, is far in the lead—2012 grams; Gen. B. F. Butler, Edward Olney and William Thackery ranked high; Daniel Webster, Napoleon III, and Louis Agassiz, were mediums; and Vice-President Wilson, Schubert, Liebig, Max Pettenkofer and Walt Whitman ranked low—the latter being 1282 grams.

We note the weight of the brains of the following physicians and surgeans:

John Abercrombie, 1786; G. McKnight, 1545; Sir James Y. Simpson, 1531; Edward C. Seguin, 1502; Du Puytren, 1437; Philip Leidy, 1415; Surgeon Nussbaum, 1410; John Hughes Bennett, 1332; Robert Cory, 1276 and Edward Seguin, 1257. The average weight of the 100 brains specified was 1469.65 grams.

New Governor a Physician.

Dr. David Davis Hatfield, English, the first medical man to be elected governor of West Virginia, was inaugurated in February, 1913.

State Responsible for Criminal Insane.

The Supreme Court of Pennsylvania, has just rendered a decision to the effect that the State and not the county should pay for the maintenance of the criminal insane who are confined in the State Hospital at Norristown, Montgomery County. This decision means a saving of $4,000 yearly.

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

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Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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William J. Chandler, M. D., South Orange N. J.

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You all want to maintain the good reputation of our Journal. You want it to become more and more self-supporting. Some of you, who write papers for the Journal would like to have your reprints free of charge, and the Society would gladly furnish them if it had sufficient income. You do not wish to have the annual assessment raised. It is a preferable alternative to *increase the advertising patronage.* Advertisers, however, are not willing to spend money simply to furnish income for a journal, but they are quite willing to pay liberally for advertisements *which will be read.*

Then *read the advertisements.* Use your personal and *repeated* efforts to secure some new advertiser. W. J. C.

PUBLIC HEALTH ADMINISTRATION.

Last month we referred to a prepared but deferred editorial on the appointment of politicians instead of doctors on our State Board of Health. Recent events have led us to rewrite it. We have before referred to the fact that our State Medical Society fought with governors and legislators several years to secure a State Board, and was successful in 1877, when six physicians and one civil engineer were appointed to constitute the Board, and that from that time until Governor Fort was elected it consisted of five physicians, a civil engineer and a lawyer or prominent business man. Its history showed, as thus constituted, decided improvement in the health conditions of the State; the mortality of contagious diseases was largely reduced and severe epidemics became more rare and all this notwithstanding the very inadequate appropriations made for this work involving the lives and health of our citizens and the inefficiency of the vast majority of the local health boards.

Astounding is the fact that during the last few years there has been a decided tendency to appoint politicians as members of the State Board rather than doctors—*to direct and control health administration*—injecting partisan politics into this, one of the most sacred and vital of all the State's departments for the protection of its citizens. It is far more than a mistaken policy, for incompetence here means the sacrifice of human life as well as of the State's resources in the loss of its assets through sickness and death and it, therefore, may mean moral if not legal criminality. We quoted last month from The Providence Medical Journal and heartily endorsed its wise conclusion—*"The sooner legislation concerning public health is made upon the advice of competent physicians in-*

stead of interested politicians the better for Rhode Island"—yes, *and the better for New Jersey.*

The present Board has some excellent men on it, who have done good work. Dr. Keator, the late secretary, who entered upon it inexperienced in sanitary administration, did highly commendable work and his absence hereafter will be felt. Dr. A. C. Hunt, R. B. Fitz Randolph, D. S. South and a few other members in subordinate positions have served most acceptably. We are not discussing *men* but conditions and methods. The present system is getting to be antiquated and it is in danger of falling into the hands of politicians rather than being conducted scientifically and most efficiently by the ablest physicians who have studied sanitary science and have had training in its administration, and who, therefore are the logical custodians of the Public Health.

We need an entire change, doing away with the old methods in which the Board has been handicapped by the failure to secure: adequate appropriations, the *full* confidence and co-operation of the members of our profession, the local health boards and of the city authorities, all of which are essential for greatest efficiency. We believe there is most urgent need of thorough reorganization of methods of health administration. The present-day method is a State Department of Health, with a Commissioner of Health who is a physician-sanitarian of decided ability and an Advisory Board of seven members—rather than five—four of whom should be physicians, one a civil engineer, one an able lawyer and one a prominent business man of executive ability; one of the physicians should be also a bacteriologist. A law is now pending in our Legislature for the creation of such a Department of Health, which will be found on page 584. There should be no question as to the passage of that law and there would not be if our legislators consulted only the State's greatest needs and the best and safest protection of the lives and health of its citizens. Governor Sulzer of New York favors this method of conducting health administration:

On March 12, Governor Sulzer of New York transmitted to the Legislature with a special message, a bill providing for the reorganization of the State Department of Health in accordance with the recommendations of the Commission appointed by the Governor last January. The bill gives the State Commissioner of Health the power to take charge of local affairs when no health officer is chosen, provides for the abolition of town and village boards of health and the transfer of their duties to town and village boards of trustees, divides the State into sanitary districts under the supervision of sanitary officers paid by the State, extends the power of the department over tenement houses in all cities, requires the health commissioner to inspect all State institutions at least once a year, and lays down stringent regulations for the care and disposition of patients with tuberculosis. The Governor in his message says: "This bill is a justice-promoting measure. By its enactment the State would perform in a more nearly adequate degree the imperative duty resting upon it to protect the health of its citizens. This measure, if enacted, would place the State of New York in the front rank of those States in which the people, through their duly constituted representatives, have taken wise and far-sighted action to promote health, vigor and efficiency.

Leslie's Illustrated Paper's Editorial, March 27, says: "Public health is a public asset, and whatever other qualities its people may possess, that nation is doomed to failure which does not conserve the health and physical fitness of its citizens."

THE FRIEDMANN CURE.

There has been a great deal of newspaper comment on The Friedmann Cure for tuberculosis which is not only misleading as to the indications for, and the results of its use, and to his methods of introducing it to the medical profession and the public. The medical profession has also been misrepresented as to its attitude toward Dr. Friedmann and his cure. Newspaper editors *ought* to know that there is no class of men who have done more to eradicate tuberculosis and who would be more anxious and earnest in welcoming any and every aid offered in the great warfare against it. They ought also to recognize the fact that our profession is a body of scientific men, who, knowing how the public has been deceived, the false hopes of the sufferers blasted and how unethical and commercialistic methods have brought discredit upon the profession and made skeptical the non-professional public, *must* insist upon knowing what they are endorsing, for the protection of the ignorant who in their despair frantically grasp after any remedy at any cost whose promotor promises them relief.

The American physicians are justified in insisting upon knowing whether this new serum rests upon a scientific basis and is capable of producing the results that are claimed for it—a speedy and permanent cure; for they know that the claims are not en-

dorsed by the profession in Berlin. The American Consul General at Berlin, in a communication to the Secretary of State, Washington, recently quoted the following from a leading physician there: "Dr. Friedmann does not specify the method by which his preparation is made and he has not given his material to other doctors to enable them to prove his statements. In all events the medical profession is very skeptical in regard to this cure. * * * It is very possible that successful results have actually been obtained by the use of the Friedmann preparation, but before the results can be accepted as definite by the medical profession at large, it will be necessary to have an experience with the preparation for several years by other doctors besides Dr. Friedmann. Under the present conditions I, as well as many other doctors, would abstain from treatment with the new preparation."

Hon. John J. Kindred, of New York, in the House of Representatives, Washington, on February 26, 1913, said: "While Dr. Friedmann day before yesterday loudly proclaimed at the Waldorf Astoria Hotel, in New York City, that he was not commercial and that he would not accept the $1,000,000 offer of Banker Finley if he would cure 95 per cent. of all consumptives that Mr. Finley might select, yet he has not denied the universally printed statement that he, as a regular ethical physician, had patented his discovery in all the larger European countries. This, taken in connection with other circumstances that have colored this whole matter with the suggestion of cheap and unethical advertising of a cure which, if it can stand the only test—the test of clinical experience in thousands of tuberculosis cases—would need no other advertising than such a test would give it throughout the whole world, would lead all thoughtful persons to go slow in forming a final judgment in such an important matter, of which the layman necessarily has little knowledge at present."

Surgeon Blue, of the Public Health Service, issued the following statement in Public Health Reports of March 21:

"On March 8, the Secretary of the Treasury on the recommendation of the Surgeon General of the Public Heatlh Service, caused a board of medical officers to be detailed to make a thorough investigation of Dr. Friedmann's alleged cure for tuberculosis. These officers proceeded immediately to New York and arranged with Dr. Friedmann for demonstrations of his remedy upon persons suffering from tuberculosis. These demonstrations are being carried on in certain New York hospitals through the courtesy of their respective authorities, and will be continued until sufficient information has been obtained for the forming of an opinion as to the merits of the treatment. Dr. Friedmann has submitted to the board a culture of the bacteria which he states are used in his method of treatment. In addition to the observation of persons under treatment by Dr. Friedmann, the board of officers will make experiments to ascertain whether this culture is as Dr. Friedmann claims, harmless to warmblooded animals. Considerable time will necessarily be required to carry out these investigations. The work will be carried out as rapidly as possible. In the meantime the public is informed of the inadvisabilty, in the great majority of cases, of traveling long distances in the hope of receiving the treatment, as those selected for demonstration purposes constitute only a small proportion of applicants. Certain statements purporting to be expressions of the board of officers of the Public Health Service carrying on the investigation have appeared in newspapers. These officers have expressed no opinion and will not be in a position to do so until the work has advanced sufficiently far to warrant some conclusion in regard to Dr. Friedmann's treatment."

The intelligent physician, in view of past experiences concerning the false claims of "sure cures" for tuberculosis, cancer and various other diseases and present claims of exploiters of serum cures for numerous diseases, *must,* in the interest of the profession and—vastly more important—in the interests of humanity, *suspend his judgment,* awaiting the thorough testing by the Public Health Service board of medical officers and other qualified physicians trained in clinical and laboratory work. If this serum shall stand the tests—as all other great discoveries in medicine have done—there will be no greater honors conferred on Dr. Friedmann than those he will receive from the medical profession.

FIVE YEAR MEDICAL COURSE.

The Association of American Medical Colleges, at a meeting in Chicago, held February 26, 1913, resolved that hereafter students shall be required to take a five year instead of a four year course as at present. Another resolution was adopted raising the entrance standard for all colleges in the Association, after Jan. 1, 1914, to include a year of college work in physics, chemistry, animal biology, and one foreign language. Special standards for clinical work were also adopted.

This marks a big step toward universal standardization of medical school courses and will be indorsed by all scientific medical men who recognize the wonderful progress our profession has made during the past

two decades and who desire that advance in medical knowledge shall continue. We desire that our future practitioners shall be thoroughly equipped for intelligent and successful work for their patients and the public's good, their own satisfaction and reward and our profession's standing in the respect and confidence of the people.

There is nothing definite to report on the bills pending in our Legislature which our Committee on Legislation has approved, and which we believe our members generally endorse as being the best we could possibly obtain for the public's protection. The Senate has passed the Osteopathic bill which our Committee approved as a compromise that will far better safeguard the public than the original bill No. 49. The Optometry bill we believe will fail as it ought. The State Department of Health Bill we fear will not pass because of certain influences that we will *not* at present discuss.

One of the greatest needs of our State to-day is the election of legislators who will be governed in their votes on all matters of legislation by their conscientious convictions as to what is RIGHT and what will be most conducive to the good name of the State and to the best, highest interests of its citizens, especially to those most sacred interests of life and health. The fact today is that most of them are, by far too great an extent, governed by their conceptions as to the effect of their votes on their respective political parties and on their own re-election or political advancement, and the result inevitably is that our State and its citizens suffer.

DO NOT FORGET that the date of the Annual Meeting of our State Society is June 10-12. It was changed from 17-19, because the A. M. A. meets that week in Minneapolis. Dr. McAlister, Chairman of the Committee on Scientific Work, promises us an excellent program, and every member who can possibly do so, should make his plans to spend those three days in Spring Lake this year. We will give in the May issue of our JOURNAL a preliminary program.

We are obliged to defer till next month the insertion of an abstract of Dr. George H. Simmons' address on the proposed Change of Membership in the American Medical Association, delivered at the Conference of State Secretaries in Chicago, as we desire to insert the two charts illustrating the changes suggested which we did not order in time for this issue of our JOURNAL.

We have just received the copy of the 1913 edition of New and Non-official Remedies, issued by the A. M. A. Council on Pharmacy and Chemistry, containing descriptions of all proprietary articles which the Council has found to comply with its rules. We note that the Council has amended rule 8, which now reads:

"Objectionable Names.—If the trade name of an article is not sufficiently descriptive of its chemical composition or pharmaceutical character, or is, for any other reason, unsatisfactory or objectionable, the Council reserves the right to include with the trade name a descriptive title in the book. Articles bearing objectionably suggestive names will be refused consideration. Names which suggest diseases, pathologic conditions or therapeutic indications will not be admitted. In the case of pharmaceutical preparations or mixtures the trade name must be so framed as to indicate the most potent ingredients."

The following, Rule 10, has been added:

"Unscientific and Useless Articles.—No article will be admitted which, because of its unscientific composition, is useless or inimical to the best interests of the public or of the medical profession."

We believe that physicians who secure this volume will find it helpful. It can be obtained by sending 25 cents for a paper bound, or 50 cents for a cloth bound copy to the American Medical Association, 535 North Dearborn Street, Chicago, Ill.

As the JOURNAL goes to press we hear with profund regret of the sudden death of Dr. Richard P. Francis, of Montclair, president of the staff of the Mountainside Hospital and for many years a member of the Montclair Board of Health. The doctor lived in Montclair for more than forty years, and was universally esteemed for his worth and professional ability. The doctor was killed in an automobile collision. We have also just been informed of the death of Mrs. Anna G. Ingling, wife of Dr. Harry W. Ingling of Freehold, on March 13th. Both deaths will be noted in our next issue of the JOURNAL.

The last report received concerning Dr. Thomas Barber, Senator from Warren County, is, that he is critically ill with pleuro-pneumonia.

The one word which best embodies the elements of success in business is thoroughness.—Henry R. Towne.

It is not sufficient for the electric power houses to have enough stored power to carry their loaded cars on level surfaces. They must always carry enough reserve force to take the cars up the steepest grades and over the highest hills.

It is not enough for one to get sufficient eduation and special training to enable him to meet the ordinary demands in his career. It is extraordinary, the unexpected, the emergency that tests a man's caliber, his preparations, his fitness.—O. S. Marden.

HOSPITAL CORPORATIONS vs. DOCTORS.

Extracts from a paper by Dr. S. F. Greene, in the Jour. of the Maine Medical Association.

When the corporation is really formed, it is composed of laymen, who are actuated more by mercenary, than they are by charitable motives. Their object is not only to provide a means whereby the poor and unfortunate victim of disease or accident may be relieved of his misfortune by as efficient skill as he might be if he had every means at his disposal by which he might accomplish the object himself; but to furnish a place where the general pubcan get its doctoring done for a less price than the regular medical profession charges. So the situation is this—the lay corporations (hospitals) say to the public, "All hands come in when you are sick and we will doctor you gratis," and say to the medical profession, "We will give you the honor of doing all of this work for us as long as you will do it for nothing." So the rich and the poor, and the well-to-do flock to the hospitals to get their work done without paying for it. Where do all these patients come from? From the legitimate patronage of the members of the medical profession. What proportion of them are charities? Probably not over twenty-five per cent, certainly not over fifty per cent. Then fifty per cent. of the about five thousand patients which the public hospitals of Maine treat annually, are not charities, and are able to pay for their medical services. This means a loss to the medical profession of the State of from $50,000 to $100,000 a year. Everybody can make his own calculations on this point. Thus the hospital corporations, every year, damage the medical profession of this State to the extent mentioned above, and the members of the medical profession itself are the means by which they accomplish it.

The profession has, for years, tried to get some relief from these abuses, and the medical conventions of this State have appointed committees to confer with the trustees of the corporations to see if they would not quit, to some extent, this unjust competition. Sometimes the committees of the medicial conventions have been "turned down" by the trustees, in a gentlemanly manner, and sometimes rudely. The medical profession has never got any satisfaction out of conferences with the corporations, and there is no reason to expect any, for when they are getting the public treated for nothing, what more can they ask? And why should they abandon the means by which they accomplish it? * * * Probably at least every other time that a hospital surgeon operates upon a patient, he will average to take twenty-five dollars out of some physician's income. It is done thoughtlessly, under the plan of a corporation which has no regard for the medical profession whatever. If the proposition came to him from any other source, to operate upon another physician's patient worth ten thousand dollars, for the sole purpose of preventing the physician from getting his fee, he would indignantly reject it. It seems as though the time had come, when some decided stand should be taken by the medical profession, against the inroads of these corporations into our business.

THE BUSINESS SIDE OF PRACTICE.

Extracts from a paper by Dr. W. F. Zierath, of Sheboygan, in the Wisconsin Medical Journal:

We ought to give what we get paid for and get paid for what we give. It is presumed that all of us are going to give good medical services and that means, an honest opinion based on a careful examination and an accurate diagnosis, without the thought of the prospective fee influencing our judgment. We should not make the patient's condition seem more grave and serious than it really is. The opinion rendered should be absolutely honest and strictly in accord with our scientific knowledge and findings. This presupposes that each and every one of us is a "good physician." * * *

If we find ourselves deficient in some particular, it is our business to correct the deficiency, and not presume to do that which we are not fitted to do. A medical man must be an earnest student all his life. Our studies do not end on graduation from a medical school. They just begin.

We ought to devote more of our time to perfecting ourselves as physicians by study, research and travel, and less in manipulating petty graft schemes to get lodge and contract factory casualty practice and political positions of a pseudo-medical nature; this grafting propensity being much over-developed of late years and the dignity and financial standing of the profession materially injured by it. The actions of a part of our profession in this particular are a reflection on all and the laity misjudge this to be a general movement along like channels by the whole profession. * * *

We should discourage everything that tends to cast discredit upon us. Even though I am making a plea for a better financial state of affairs in our ranks, I cannot say anything severe and harsh enough in condemnation of those who are doing all they can to convert our profession from a real profession into a commercialized art.

We must earn our money honestly. It is our duty as members of an organized profession to discourage by every means in our power, this indiscriminate practice of not using our diagnostic knowledge and technique, but blindly going ahead and doing surgery when no surgical intervention is called for. I do not want to disparage really necessary surgical procedures (I do surgery myself), but I cannot find words sufficiently strong to condemn the unnecessary operations that are being done so universally by so many ill-equipped men. The slogan seems to be "Do surgery if you have the nerve. If

you haven't, get some one else to do it for you and split the fee."

The doctor then enters upon a lengthy discussion of better business methods in keeping and collecting accounts of adequate fees and of greater discrimination in the matter of free-charity professional services, and closes with the following words:

"Use our organization for what it was intended for, to help each and every one of us, individually and collectively. It is all right and proper to devote a large part of the time to purely professional and scientific topic, but we should not neglect the business end of our profession."

A NEW CONSCIENCE IN MEDICINE.

A communication from Dr. Beverley Robinson in the Medical Record:

To my mind this must come and very soon for imperative reason, i. e., because the common sense of the community demands it. More and more the public is led astray. In excessive specialism, in ultrascientific endeavor, in exaggerated efforts of preventive medicine, sight is lost to curative measures most valuable to ill people, and broadest humanity surely disappears. The teaching, not infrequently, of distinguished leaders, is not always preservative of what is best. Take our Association of American Physicians, and what do we find? Papers read, usually, which could be discussed with profit only by physicians fresh from laboratory research, and to whom care of the sick outside hospitals has relatively minor interest and importance.

Go inside advanced city hospitals and what do we find? A corps of ambitious young men who have captured them and carry the responsibilities of hospital wards, filled with patients of divers sorts and origin, and, therefore, in need of all available knowledge. And yet the consultant physicians and surgeons, in general medicine or surgery, are, as a rule, figure heads, which serve slightly useful purpose. Why? Simply because what they could give is no longer properly valued, i. e.. wise counsel and guidance. Preventive medicine, rightly estimated, is of primary importance and not medicine, or surgery, which alleviates misery and disease when they occur. And yet to prevent acute or chronic disease, except in limited degree, means complete change of previous modes of life, often practically impossible, or neutralization of seasonable influences. Over the latter we have no control, although they bring now, as always, epidemic diseases, variable as to spread and intensity. At present we require more rational philanthropy and less scientific research in the care and treatment of ill people.

The human machine should be wisely guided and restrained to secure and preserve health. When, from one cause or another, it is not attained or kept, it may be ameliorated, not by subversive and novel methods, but by simple means and judicious control. Wisdom of ages counts, so does experience from wise empiricism. Both have shown indubitable facts, clinically, and carry with them mental and bodily welfare. Every fresh influx of aspiring physicians and surgeons should not attempt to change them. Our noble art must not be a victim of over-weening ambition or of thirst for gold. It must remain true to antecedents and idealism of the best kind.

THE UNFORTUNATE PREDICAMENT OF THE MEDICAL PROFESSION.

By Thomas Dixon, M.D., of Brooklyn, N. Y., in the Medical Record, November 9, 1912.

Those of the medical profession who have its best interests at heart, who feel a sincere pride in its past achievements and in the high ideals it has always striven to maintain, cannot contemplate the present economic conditions of the practice of medicine without experiencing a feeling of alarm in regard to the future. The leading economists of to-day now place our profession in the unremunerative class, and state that under present conditions matters will not improve but on the contrary will tend to grow worse. As time goes on we find paying patients grow fewer each year. We go on hoping for better times only to encounter worse ones. We think that possibly depression in commercial business is affecting the situation but, on looking over our books, the unfortunate fact is demonstrated, whether the time be good or bad commercially, our business year by year has been progressively worse. This shows that there must be something radically wrong in the conduct of our affairs, that is, that the prosperity of the community at large does not necessarily mean greater financial returns to the profession. The average physician at present is unable to earn more than a bare living and there are many who cannot even do that. What will be their position a few years hence? This situation not only affects the poor men in the profession, but it also concerns those who are now financially comfortable; for, with the progressive decline of income they will eventually find themselves in the same distressing situation as those who are earning but a bare living at present. It may be thought that I exaggerate the poverty of the profession, but I beg to call the reader's attention to the fact that a short time ago one of the representative medical societies of our city with a membership of about one thousand physicians called for a subscription of two dollars from each member. How many responded? Less than one-third. An alumni dinner of a class of seventy-nine physicians, graduated during recent years, had a dinner at five dollars a plate. How many were present? Only six!

It is indisputable that the physician is the only real altruist in any community. He alone endeavors by every means in his power, with all his knowledge, scientific, economic, and ethical, to combat disease which is his only resource of livelihood. He is himself or through his representatives constantly making researches in the causation of diseases and the methods of limiting their spread or preventing their occurrence; and this is done without any remuneration whatever. What other profession or trade does anything approximating to this work of the physician? He has always subordinated his personal interests, the most vital to his existence, to the interests of his fellow man. Can it be possible that the profession we all love, through poverty, will disintegrate, become disorganized, lose its high ideals and descend to baser motives? Can it be possible that as fine a class of men as there is in the community, who give more to charity than any other class, who sacrifice their personal well-being for oth-

ers and who have given untold benefits to the world are going to the wall? There is a general impression among medical men that the position taken by the public toward the physician is unfair, sordid, and selfish. It assumes that the doctor is a public altruist, who may disregard his obligations to his family and to himself, at all times, in order to serve the public. This finds expression in the disregard of obligations to the physician and in the unjust discrimination against them by our lawmakers. This singular attitude of a people toward a class of men who are continually working for its benefit is a cause of resentment, sorrow and regret to the profession.

Let us not be unjust to the public. We have not taken it into our confidence. Ours is an exclusive profession and has kept its affairs to itself. So how could the public know our real economic condition? Not knowing the real facts, it judges from surface appearances. Many think we are paid for our services in hospitals and dispensaries. How often we hear the remark: "Oh, you doctors have plenty of money!" The abuses that the profession suffers from are of their own making, and the remedy is in their own hands. The remorseless law of evolution must be met. Great changes have been and are now going on in economic conditions of this country Lines of thought that would formerly do will not answer now. Combination, organization and fraternity now make for progress. There is absolutely no hope for better economic conditions in the profession without an organization whose sole work shall be devoted to improve these conditions. Our present medical societies cannot do this work, for they are too much interested in medical research to have any time to give to economic conditions. Properly organized with but one purpose in view, there is not the slightest doubt that we can remedy many of the existing evils and prevent future ones from afflicting us. Does anyone suppose that the numerous bills inimical to the medical profession would have been passed by the State Legislature had the seven thousand physicians of Great New York been organized for economic purposes? Does anyone suppose that a committee representing such an organization would be kept waiting hat in hand outside the legislative chamber while some small ward politician is promptly admitted to the inner sanctum? The ward politician receives greater consideration than the doctor because he has an organization behind him, and it will always be so until the physicians have sufficient strength through organization to insist upon a square deal. Some medical men advocate State control of physicians, that is, the State should pay salaries to them for services to the community. Such an arrangement would constitute a condition of paternalism and would place us under political domination. This would degrade the profession and tend to retard progress.

In order to secure the proper support of the public, we should no longer conceal from it our real economic condition. Medical men should write extensively on the subject in magazines and the press, so that the community may have an opportunity of obtaining the real facts and be fair to us. Influences are at work to induce physicians to organize for the purpose of investigating the economic condition of the medical profession and to devise means to solve the problem. The situation demands immediate action. Are you going to permit this state of affairs to continue? It means the loss of your independence, your happiness, and the cherished traditions of your profession. Let us bury our selfish motives and petty jealousies and support this movement with all the intelligence and energy at our command.

PROFESSIONAL CO-OPERATION.

We take the following extracts from an excellent paper read by Rev. Floyd Poe, D.D., before the Southeast Kansas Medical Society, and Published in the State Med. Journal.

If it has been established that this is an age of unrest with its consequent experimentation, the question naturally follows: "How does this unrest and experimentation affect the clergy and the doctors?" The answer is to me a vital one. There is no more noticeable unrest to-day than that which is manifested in the attitude of thousands upon thousands of people toward your profession and mine. The current jokes of the so-called funny columns; the open insinuations; the bold effrontery; the sincere doubt; the quiet questioning, are all indications that multitudes of people are casting off what they call the "yoke of bondage" to the professions. It is not my purpose to enter into the merits of their doubts but simply to state them and thereby show how this age of unrest affects us. The somewhat successful attempt to label your national association as "The Great American Medical Trust," certain court decisions requiring you to pay a State license fee to practice; frequent arrests and trials for malpractice in cases of unsuccessful operations; quiet stealing away to the quack, are indications of a certain public attitude toward your profession. While, on the other hand, sneers at religion; calling the minister a non-producer; absence from church services; desecration of the Sabbath Day; personal liberty organizations; independent religious movements, are indications of the attitude of the people toward the ministry. But there is a greater multitude whose attack is simultaneously upon both professions; The Christian Scientist (so-called), denying the real personality of God, the actuality of sin, the flesh and blood of the body, and ignoring the supremacy of Jesus Christ, the efficacy of prayer and the necessity of the atonement. The various schools of New Thought, etc. * * *

The nobility of our professions is seldom realized by the populace. Should the ideals for which we daily strive be realized there would then be no need of us, and our two professions are the only two about which this can be said. * * *

The public must be protected aginst the medical quack. Let us combine to do it. I presume it is not questioned that the medical profession has more quacks than any other profession. A man of splendid physique can never be called handsome with a countenance disfigured by cancer; nor can a woman be beautiful it matters not the perfection of her features if she is subject to a hideous deformity. The medical profession can never appear at its best until it rids itself of its cancerous growth—the quack.

There is the consumptive quack, the cancer quack, the tissue-paper quack, the "social dis-

ease" quack, the woman's friend quack, the dietary quack, the faith healer quack, the mind cure quack, and so on ad infinitum ad nauseum. In opposing these quacks who are intrenched in our business and social life co-operation and courage are required. Let your profession stand as an open and avowed unit upon the subject and then invite and receive the help of the ministry. Many of you have seen the names of ministers signed to testimonials of those who call themselves doctors, (and all of them regardless of their opposition to your profession, love to shield themselves under its honorable title). In most cases those names are signed in ignorance of the true condition—and you are to blame for that condition. Many of those quacks have gotten into the church and some of them on its official board and from this safe vantage ground they have asked for and received social and professional recognition to which they were not entitled. Men of the medical profession, you would be wise if you would lend your influence to the minister and his ideals and in turn invite him into your confidence that he may intelligently share your ideals—we will all be pleasantly surprised in the harmony of our hopes.

Let the ministry see that the quack, who masquerades under the banner of humanitarism, is utterly selfish in his work. Who makes possible the digging of the Panama canal, the quack with his special cure for cancer or the regular physician who gives his life in the discovery of the cause and prevention of yellow fever?

Who is found on the battlefield attending the dying and wounded, the quack or the regular doctor? Which would our government choose? Who would bravely go? Who is it leading and who opposing the fight aginst impure and adulterated drugs and foods?

Let pestilence invade any part of this country, or let a scourge of smallpox or yellow fever sweep any portion of our land and you will hear the government cry for doctors! doctors to stop the ravages of these awful plagues. Even the daily press of the land, which fights the battle of the quacks for a consideration, will cry, "send us doctors!" Where then is your quack?

Where, oh, where, is your quack, when the poor patient comes back home from a false mecca with no money, no hope, and his life slowly ebbing away because he has let the operation day pass by while he was being plastered by burning remedies? Doubtless he is sitting in his office reading the confidential letters of other victims. Where, then is your doctor? Sitting beside the poor fellow, making his last hours as easy as possible and relieving the distress of the patient and the family with friendly hands.

Tell these things and a thousand others to the ministers and you will find them springing to your side with indignation and courage.

You may be called "The Great Medical Trust," but there is an issue greater than jealousy or envy, it is the issue of honesty against fraud. These nostrum venders are liars, deceivers, hypocrites and as such the two professions should fight them as one.

Their present strength is made possible because of the long time silence of your profession. Had you spoken out as plainly at first as you are speaking now, there never would have been this gigantic, organized industry of to-day. * * *

In this day of unrest the doctor and the minister must more than ever before, make themselves indispensable to society. If we are forceful against quackery, unsanitary conditions, intemperance, the social evil, public medical frauds, then will we receive our just reward of merit; but if we are unorganized, separated, actuated by jealousies and bickerings, and lose this great opportunity of united service for mankind, then shall we go our way to public disfavor and our murmurings will avil us naught.

But "Truth crushed to earth will rise again." Let us by united effort be instruments in a Divine hand to help lift her to her rightful throne in our midst that all mankind may rejoice because of health and honesty and happiness. "And united we stand."

HOMEOPATHY; PAST AND PRESENT.

By Frank F. Pierson, M. D., in the Delaware State Medical Journal.

In the November issue of the Delaware State Medical Journal an essay appeared, entitled "Homeopathy: Old and Modern. What is Left of It." The stated object of the paper, a plea for the unification of the medical profession, cannot fail to be indorsed by all fair-minded doctors; the description and interpretation of the essentials of homeopathy may reasonably allow of some difference of opinion. It is through the courtesy of the editor of this Journal, who is also the author of the article mentioned, that I have been extended the privilege of presenting this different view.

Dr. Robin seems to consider that the line of demarcation between old and modern homeopathic practice is so great that the two have little in common; and that, by sometimes adopting the therapeutic methods of general medicine, homeopathists are repudiating their former ideas.

I shall endeavor to show that the real essentials of homeopathy depend very closely upon the teachings of the old; and that its practitioners are consistent, when measured by the knowledge of today, in whatever modification of those teachings has become necessary. For this purpose we must agree that neither the principles nor practice of the medicine of today can be "squared" to those of the eighteenth century, and homeopathic practice is no exception. But since the burden of proof is upon us to prove our consistency, it will be convenient to follow the scheme of Dr. Robin's "essentials," even though some of them have never been considered such by those who adopted their practical workings.

Hahnemann wrote of a "deranged vital force" at a time when pathology had nothing better to offer as to the causes of disease. The "cellular pathology" had not yet been elaborated, and his hypothesis, probably adopted from Von Helmont, is no more an essential of homeopathic practice than are the old theories of the "humoralists" necessary to modern medicine. Hahnemann did not teach that the study of the causes of disease was unimportant. His own writings are full of speculation as to the cause of "contagions," and as to the results of harmful agents upon the body. His directions as to the treatment of those specific diseases then

known recognize a unity of cause, regardless of symptoms. This was quite a step ahead of his time, it may be noted.

He stated that chronic diseases had their origin in noxious surroundings and in vicions ways of living; in veneral infection, a large class; and that seven-eighths of the remainder sprang from a suppressed itch. Now, our modern ideas of the itch parasite date from Hebra's writing in 1844, and, as Hahnemann died prior to that time, he may perhaps be excused for believing, with his contemporaries, that scabies was a constitutional disease. But his itch doctrine did more for homeopathy; it stimulated the idea of "diathetic" as opposed to simple inflammatory disorders, and introduced the lime salts in tuberculous disease, and phosphorous in nervous conditions long before their similar adoption by general medicine.

It is interesting to note that the French school of pathologists, by no means friendly to homeopathy, as recently as our last decade, recognized an "herpetic or dartrous diathesis" not unlike that of the old "itch doctrine." Hahnemann's theory of the "dynamization" of drugs through trituration and dilution cannot be absolutely accepted to-day. Modern pharmacy does not admit of a transference from drug to vehicle of a spirit-like force, and we will agree that modern pharmacy is right. But experience has shown that successive division of drug particles, after the Hahnemannian manner, insuring long and thorough trituration, increases their medicinal activity, if not their actual strength. The "fractional doses" so largely used by up-to-date doctors have been apologized for upon this theory. Extreme dilutions are not an essential of homeopathy. The only rule of dosage, followed from the beginning, has been to select a dose somewhat smaller than will cause extreme aggravation; the same rule is followed today in administering tuberculin for curative purposes, and in prescribing arsenic in skin diseases. Is it unreasonable? That sometimes infinitesimal dosage may be required is a matter of experience and not of rule.

It is strange that Dr. Robin did not select for criticism a more average "proving" than that of lycopodium. This agent has never been used universally by homeopathists, for the very reasons that he advances. And yet its advocates contend that the breaking up of its spores by trituration, and the resulting liberation of its oil-like contents, creates an agent very different from the baby-powder of common use. But let us smile at the absurdities of lycopodium, if you please, which at their worst are harmless; has traditional medicine nothing equally absurd? The widespread use today of snythetic preparations, many of them so unstable as to be either inert or harmful, is a dark blot against the fair record of modern "regulars." It is a return to the dark ages, this practice of using little known medicines so freely, and is too serious to be absurd. And, by-the-way, a record of the plus and minus of the glandular secretions of the body, a recent publication of which is considered to contain the last word in physiologic chemistry, does not read unlike the "proving" of lycopodium. Can it be that the latter really "taps" these same glands?

The published records of experiments with more commonly used drugs would be more instructive for defining what "provings" really are. In the older time drug-symptoms were simply recorded from observation; today they are checked by the physiologic laboratory and by modern diagnostic methods, but they have always been attempts at faithful pictures of drug action. From these sources have come gelsemium, cactus and hydrastis; and the field of the so-called "alteratives" has been widened by the indications (usually without credit to the source) found in these drug records. Is such a materia medica unscientific? The chief essential of science is that it shall be enduring. Those records are just as available for reference today as when they were written. Can the same be said of the usual writings on materia medica of fifty years ago, such as those of Dunglison or of Pareira? And this is so because the former are not separated into classes, according to the theory of the age in which they were written, but because they present the constant phenomena of physiologic drug action; analogous to those of other active causes, even bacterial ones.

So much for the theory and practice of the older homeopathists. Those of today are afforded the same teachings in their colleges as to the study of disease, its causes and its diagnosis, as do the students of other medical institutions. Our only differences are those of therapeutics. We do not hold that "similia similibus," or "contraria contrariis" are terms of importance, but we do believe that the clinical examination of patients, as advised by Hahnemann (and this included all known diagnostic methods) is of more importance for therapeutic direction than are laboratory findings; the latter are of all importance for confirming diagnoses and for the uses of preventive medicine.

Further, we believe, and usually practice, that drug agents working along the same lines and through the same physiologic systems as the causes and products of disease are of more importance in stimulating the protective forces of nature than are the expectant, palliative and eliminative methods so commonly used. If this belief were not founded on scientific truth the popular acceptance of modern serum-therapy would have died at birth. It does not follow that we may not use at times means of relief not within the limitations of the homeopathic method—for all theropeutic art has its limitations. If we did so bound our usefulness as physicians, we would be "dogmatists" indeed. Hahnemann was not a god, nor was he infallible, and this article has quoted him so largely in order to show that modern homeopathic practice is the logical evolution of the principles advanced by him, ripened by time and fertilized by the teachings of modern pathology.

Dr. Robin has generally admitted that there is nothing in the actual practice of modern homeopathists to make them unworthy of fellowship in the great historic school of medicine—except their sectarianism. I hope that this article has presented the views of Hahnemann and of his successors, with more fairness than praise, and I trust it will be judged with equal fairness, whether there is anything in it that does not show more of an attempt, on their part, at scientific progress than at the retention of an "exclusive dogma." And this brings us to the final question: Why are we still sectarian?

The answers must be because of circumstances, and not from choice. The contemporaries of Hahnemann, living in a more tolerant age than that of to-day, saw fit to ostracize him and to prevent, as far as possible, the propagation of his ideas. But general medicine has admitted that the essentials of homeopathic practice are not so irrational as to be exclusive; and that its influence on traditional medicine has been altogether for good. If this be so, ridicule has here no place, and we are content to let the principles of our practice be measured by modern science. But we continue our colleges and our organizations because the older school of medicine does not object to use, but refuses to teach in its institutions the fact that there is a legitimate place for so-called homeopathic therapeutics. This position on our part need not prevent the "unification" that is so highly desirable for all modern physicians. We need not be rival forces, armed for mutual attack, but rather close allies against the common foe, ignorance and disease. We may read each other's differences by true investigation rather than by ridicule, and thus become a united profession in fact.

STATE DEPARTMENT OF HEALTH BILL.

(As Approved by our Legislative Committee)

An Act to establish a State Department of Health and to define its powers and duties.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. There shall be in this State a Department of Health, to be composed of a State Commissioner of Health, an advisory board and the chiefs and other employees in the several divisions and bureaus hereinafter provided for.

2. The Commissioner of health shall be a physician, a graduate of a legally incorporated medical college, and of at least ten years' experience in the practice of his profession. He shall be appointed by the Governor; his term of office shall be five years, and he shall receive an annual salary of six thousand dollars and his expenses actually and necessarily incurred in his official duties, to be paid monthly on the audit of the comptroller, and upon his appointment the terms of office of the members and the secretary of the State Board of Health shall expire and no appointments shall thereafter be made to those offices.

3. The advisory board shall be appointed by the Governor, and shall consist of five members, a majority of whom shall be physicans, graduates of legally incorporated medical colleges, and of at least five years' experience in the practice of their profession. One member shall be a civil engineer. Each member of said advisory board shall hold office for the term of five years, and their respective terms of office shall be so arranged that the term fo office of not more than one member shall expire in any one year, provided, however, that the terms of office of the members first appointed shall be for one, two, three, four and five years; if the office of any member shall become vacant before the expiration of the term for which such member was appointed, the vacancy shall be filled by the Governor for the unexpired term only; each member of the advisory board shall receive a salary of one thousand dollars ($1,000.) per annum, and his actual travelling and other expenses while engaged in the performance of the duties of the board, which shall be paid when approved by the comptroller.

The chairman of the advisory board shall be the commissioner of health who will preside at all meetings, and have a vote on any question brought before them. He shall call meetings of the board when in his judgment it is necessary, or at the request of any two members of the board. The said board shall choose a clerk from among the employees of the department of health; they shall consider all questions affecting the public health, which may be referred to them by the Commissioner of Health, and they shall make such general regulations for the enforcement of the health laws by the said commissioner as may, in their judgment, be necessary; they shall advise the commissioner on such matters as may come before them, and prepare such reasonable rules and orders as may be deemed necessary by said board for the performance of the duties assigned by law to the State Department of Health.

4. It shall be the duty of the commissioner of health to protect the health and life of the people of the State and to determine and employ the most efficient and practical means for the restriction and prevention of the spread of disease; he shall obtain, collect and preserve such information relating to mortality, disease and health as may be useful in the discharge of his duties or may contribute to the promotion of health or the security of life in the State. Said commissioner shall publish a monthly bulletin of health and shall distribute the same to the local boards of health and to any citizen of this State making request therefor. He shall cause examinations, inquiries and investigations to be made concerning all conditions affecting life and health in any locality, and for that purpose the commissioner, and any person authorized by him to do so, may, without fee or hindrance, enter and examine all premises, grounds, buildings, apartments, vehicles and places within the State, and all persons so authorized by him shall have the power and authority conferred by law upon constables; the commissioner of health, may from time to time, employ competent persons to render sanitary service and to make or supervise practical and scientific investigations and examinations requiring expert skill, and prepare reports relative thereto, and he may purchase such supplies and materials as may be necessary in carrying on the work of his department, he may issue subpoenas to secure the attendance of witnesses and compel them to testify in any matter or proceeding before him or his authorized agent.

5. The commissioner of health shall employ such clerical and other assistants as are necessary for the proper performance of the work of the Department of Health, and he shall assign appropriate powers and duties to said employees, not inconsistent with the constitution or laws; he shall appoint in writing one of the employees in the department who shall possess the powers and perform the duties of commissioner of health during his absence or inability to act.

6. The following bureaus are hereby established in the Department of Health: Bureau of vital statistics; Bureau of food and drugs; Bureau of laboratory diagnosis; Bureau of public water supplies and sewerage; Bureau of san-

itary inspection; Bureau of infectious diseases of animals; Bureau of original research, and each of these bureaus shall be conducted under the supervision of the commissioner of health, by a director or bureau chief; the chiefs or directors of the several bureaus shall be appointed by the commissioner of health, subject to the approval of the advisory board, and the salaries of said chiefs or directors of the several bureaus and of all other appointees or employees of the Department of Health shall be fixed by the Commissioner with the approval of the said Board.

The chiefs or directors of bureaus shall be in the exempt class of the Civil Service and all other employees of said department shall be in the competitive class of the civil service.

7. The Commissioner of health is hereby empowered to perform all of the duties imposed by law upon the State Board of Health or any member or officer thereof. Said commissioner of health shall, as plaintiff or prosecutor, as the case may be, in his name as said commissioner, but for the use of the State, prosecute any suits or actions or proceedings at law, which the Board of Health of the State is authorized to prosecute. Wherever the terms "State Board of Health" or "Board of Health of the State of New Jersey" appear or reference is made thereto in the law, it shall be deemed to refer to the Department of Health as created in this act, except where said board is authorized to institute legal proceedings and in all such instances the words "State Board of Health" or "Board of Health of the State of New Jersey," shall be deemed to refer to the said Commissioner; and the commissioner of health, in addition to the powers conferred by this act, shall have all the powers conferred, and perform all of the duties imposed by law upon the State Board of Health or any member or officer or appointee thereof, including the secretary.

8. This act shall not affect pending actions or proceedings, civil or criminal, brought by the State Board of Health but such actions or proceedings may be prosecuted or defended in the same manner and to the same effect by the commissioner of health as if this act had not taken effect.

9. All salaries and expenses authorized in this act shall, after approval by the commissioner of health and after approval and audit by the comptroller, he paid by the State Treasurer, provided, that an appropriation therefor has first been made by the Legislature.

10. The commissioner of health shall furnish in writing, such information and reports to the advisory board of health as the said board may from time to time request, and he shall make an annual report to the Governor setting forth sanitary conditions, progress and prospects throughout the State, and the doings of the Department of Health, its officers, agents and employees, during the preceding year, and other useful information, including reports from each of the chiefs or directors of the several bureaus of the Department of Health, and shall advise any further legislation deemed necessary for the better protection of life and health.

11. The said department of health shall be authorized to expend for the purpose for which it was created a sum of money equal to ten cents per capita for every inhabitant of this State, as determined by the last census, provided such sum shall be duly appropriated. All sums now or hereafter appropriated by the Legislature for the use of the State Board of Health shall at the time this act takes effect become available for the uses of the State Department of Health.

12. All acts or parts of acts, which are inconsistent with this act, are hereby repealed.

13. This act shall take effect immediately.

Editorials from Medical Journals

To the County Secretaries.

From the Wisconsin Medical Journal.

"Line upon line and precept upon precept." A word, which doubtless has a very familiar sound, may not be amiss just now. Now is the time to gather into the fold the stragglers who were missed last spring. Correct the card-index up to date, and be sure to include every new man who has come into the County during the year. Most of them can be secured as members if properly approached. "Be wise as serpents and harmless as doves." Emphasize the value of our plan of Medical Defense. Convince them of the necessity of organization as affecting progress and reforms in the medical profession, and then show them such a carefully prepared and attractive program of scientific work for the year, that it will not be necessary to say another word. Moreover, if this year's program has not been already prepared and printed, "do it now!" Whether the meetings are monthly, or less often, it is far better to prepare the program for the whole year, since, while you are about it, the effort is not much greater than it is for a part of a year. When prepared, loyally abide by it. Hold the meetings strictly upon the dates, as announced, so that there will be no doubt nor misunderstanding about it. This matter of the scientific program can not be too strongly emphasized. The quality of the scientific work accomplished is certainly the best test of the value of the efficiency of the Society. We can not afford to stand still, but each year should show a steady growth in this particular.

The Legislature. Watch It!

Journal of South Carolina Medical Association.

The old family physician rarely concerned himself with legislation and he received little at its hands. He was held in the highest esteem by the individual members to be sure, but the thought that his faithful family doctor would ever become a serious factor in the affairs of State was indeed foreign to the legislator's remotest mental vision. The early struggles for medical laws by our State Association when its roster contained the names of only a hundred or so physicians makes a sad, humiliating page in our history. It is not so today when our numbers are nearing the one thousand mark, and the doctor in almost every community in the State is clearly recognized as a leader not only in the social and intellectual life of the community but he is a man of affairs as well. He is now in reality a representative citizen and his representatives in the legislature are decidedly inclined to respect his wishes. The State Association has been very successful in

recent years in securing beneficent laws relating to the Public Health and to the uplift of the profession itself. It has been successful in defeating much vicious legislation. To keep up such a record we must watch closely every move from Columbia. We have a highly efficient Legislative Committee, * * * but they must have our loyal support. The discussion of the whole matter of medical legislation by the organized profession is admirably brought out in this issue of the Journal. Read it! The Legislature is now in session.

Senate Declines to Consider Owen Bill.

From the A. M. A. Journal, Feb. 8, 1913.

The United States Senate on Monday, by a tie vote, refused to take up the consideration of the Owen bill. This does not finally dispose of the bill as it still retains its place on the Senate calendar and can be called up at any time and considered by a majority vote of those Senators present. As it is realized by those friendly to public health legislation that there is little chance of the bill passing the House at the present session, the tie vote on the question of its consideration can justly be regarded with satisfaction by the friends of a broader national health organization. It is generally understood that Senator Owen will introduce a bill at the next session of Congress, if the present bill does not pass, but it is highly probable that such a bill will be redrafted and considerably modified. If this is the case it is to be hoped that Senator Owen will go back to the original plan and draft a bill calling for a Department of Health, with a secretary in the cabinet. The realization of the importance of this subject and the increasing support for it show the educational value of the agitation which has extended over the last three years. The opposition has reached its highwater mark and the false statements which were so widely circulated regarding the object of the measure and the purposes of its advocates have reacted. The Owen bills have made the people think. If they will only think hard enough and long enough to realize the great importance of health conservation, the eventual, inevitable result will be the establishment of a national Department of Health. Nothing short of this should be the aim of those who appreciate the present pubilc health conditions and the needs of the future.

Good Secretaries Should Be Given Life Sentences.

From the A. M. A. Journal, Jan. 4, 1913.

This is the time of the year when many of our county medical societies are holding their annual elections and are selecting the men who will have charge of their society activities during the coming year. While it is important that all of the officers in a wide-awake and active medical organization should be filled by efficient and energetic members, the position of secretary is perhaps of more importance than all the rest combined. It has come to be accepted in medical organizations that the activity and efficiency of a local medical society is measured largely by the effectiveness of the secretary. If he is an energetic active officer, keenly appreciating the responsibilities and possibilities of his position, understanding the many opportunities for usefulness to the public and the profession, quick to see the need for action, and clever and original in devising methods by which these needs can be met, then, as a rule, the society is also wide-awake, efficient and active, and a power in its community. If, on the other hand the secretary is inactive and inclined to stick close to the beaten track of conventional methods, interest in the society is apt to die out and the organization will become a perfunctory one, lacking in real efficiency and influence. The principal problem before each of our county societies is to find among its members the ideal man for an executive position. Happy is that society which has found such a secretary! He should be retained just as long as he is willing to serve, in order that his ability and energy, and especially his experience may be utilized by the organization. Good secretaries should be searched for without ceasing until they are found, and having been found they should be given the support of every good member of the society and should be continued in office as long as they are willing to serve. While the other offices may be distributed as honors to deserving members, for the good of the public, the profession and the organization, let the good secretary be retained as long as he is willing to carry on his self-sacrificing work.

Passing of Quack Doctors' Advertisements.

From Northwest Medicine, Seattle, Wash.

It is gratifying to observe the awakened conscience which is permeating the daily press on the subject of suppressing the iniquitous advertisements of the quack doctor. It is needless to enumerate the instances of ignorant and gullible young men and boys who have been robbed of money and peace of mind through the agency of these deceptive advertisements in the daily press. They are a blot on any clean sheet and, one after another, the best papers of the country are eliminating them. Beginning with January the Post-Intelligencer, long known as the best and leading daily of Seattle, refused further to accept such advertisements, though at a permanent sacrifice of a large sum of money. The vital necessity of such advertisements to the existence of the genito-urinary imposter is illustrated by the fact that some months ago this paper raised its rates to an excessive figure, expecting thus to lose their patronage, but the increased price was accepted and paid. This newspaper sentiment of honest dealing with the public is in line with that displayed by the great mail-order house, Sears-Roebuck & Co., of Chicago, which has suppressed its extensive patent medicine business with an explanation to the public that these are dishonest and fraudulent forms of medicine, injurious on the long run to their users.

It is interesting in this connection to note the proposal from a certain newspaper that it would eliminate the advetrisements of the quack doctors, providing the medical society would rent space in which it would advertise the names of its members, thus compensating the paper for removing this medical competition. This suggestion illustrates the more or less prevailing belief that doctors object to these quack advertisements because of encroaching

on their own business. The holders of this erroneous view should be informed that the physician's opposition is purely an altruistic one for the benefit of the public, since the victims of this kind of doctors are rarely patients taken from the regular practitioner. In fact, the treatment received at their hands often results in adding to the latter's list of patients. The elimination of this advertising is in the interest of good morals and happiness of mind of the young men of the community and for that reason should elicit the endorsement of all who have in mind the improvement and elevation of the rising generation. C. A. S.

The Average Layman Ignorant Along Medical Lines.

The editor of the Journal of the Kansas Medical Society, October, 1912, issue, says:

The average layman, be he professional or business man, is ignorant along medical lines. All practitioners look alike to him, regular or irregular, osteopathic or magnetic, that is, so far as their system of practice is concerned.

Many who should know better rush after the latest fad and the bigger the fake the more followers. This is due to ignorance and they should be educated.

The American Medical Association through its Journal, and other publications, has done excellent work; but there is room for a greater educational work. Let the A. M. A. secure competent persons to write papers showing what osteopathy really is; and what chiropractice is doing; and what the ignorant healer of all denominations amounts to. Publish these papers so the county societies can buy them at cost and distribute them where they can do good.

We can not only educate, but beat the quacks at their own game.—Educate.

The Specialist.

From the A. M. A. Journal, Feb. 8, 1913.

The hurriedly made specialist in medicine—"the egregious expert," to modify slightly a familiar and at present popular proverb—believes and acts on the principle that nothing succeeds like excess—excess of refinement in specialism. The Medical Press and Circular asserts that a truer reading of this proverb would be "Nothing recedes like success." It is believed that the narrow specialist, exotically grown and narrowly confined, cannot last and even now is on the wane. Feeling that he is marching in the footsteps of natural advance when he decides to become a specialist, he believes that, like the cell, the more highly specialized the more advanced the organism. As he proceeds in experience his views become more and more narrow. He forgets that no group of cells acts independently. "The man who lives and moves and has his being only among experts of his own type is merely an example of frenzied isolation." The man who goes abroad for three months and thenceforth sets himself up in the temples of the experts and "confines his attention to bladders to the total exclusion of hearts, kidneys and other distant structures" is said to be "largely a bearer of other men's responsibility—or a scapegoat." But he is unnecessary. While it is true that "no man can study medicine in its entirety," and "surgeons, physicians, eye-men, gynecologists, and so forth, we must have," each is a part of a whole and no one should attempt to dominate the whole. The refinement of specialism leads to narrowed efficiency and thence to the vanishing-point of practical effectiveness. Too close concentration will lead to elimination. Let the narrow specialist know his limitations and keep to his place. As the Press and Circular says, "His opinions should be treated gravely as uch and not as absolute, proved facts. He makes an excellent servant but a bad master."

Homeopathy Old and New.

From the Delaware State Medical Journal.

We believe in a free discussion of any subject. We believe that by friction potential energy is transformed into kinetic, and this friction applied to our mental processes tends to sharpen our wits. We further believe that gentlemen can discuss a subject and exchange their different opinions without personalities and unpleasant feelings. It therefore gives us great pleasure to publish an article on homeopathy by Dr. F. F. Pierson, who represents the higher type of the modern thinking homeopath. Knowing the doctor as we do, and after reading his admirable paper, we are still stronger in our opinion that modern homeopathy has no pretensions as a separate and distinct school, and there is no reason why the so-called "homeopaths" and the so-called "allopaths" should not get together.

(We have inserted Dr. Pierson's article in our Journal on page 582, believing it worthy of our members' consideration as it represents the views of the modern educated homeopaths. —Editor).

Eugenics.

From the Interstate Medical Journal, St. Louis.

Galton's definition of "eugenics" is "the science which deals with all the influences that improve the inborn qualities of a race." Such a science deserves more than the passing attention of medical men, and just now a good opportunity is afforded to center attention on the subject. Word comes from London that a vigorous attempt is being made to gather funds for a laboratory building for Professor Pearson, the first Galton Professor of Eugenics at the University of London. It may be remembered that at Sir Francis Galton's death, the residue of his estate was left to provide for a professorship of eugenics. Already much good work has been done on the foundation, but the limitations of working facilities have prompted the issue of the call for funds for a building.

If Galton's definition of eugenics be accepted, it would seem to be not a difficult problem to solve on paper. But practically the situation is far from simple. Breeding-laws for animals are well known; agricultural experiment stations are teaching the farmer how to improve his stock; yet practically nothing is being done to help the poor human to improve his posterity. Governments spend millions to eradicate an infectious disease of animals, but it is notorious how difficult it is to obtain money to eliminate communicable diseases among men—tuberculosis, for example. Of course, the pre-

vention of disease is only one small fraction of the new science of improving the human race, the fraction which hitherto has received the most attention. Almost the only other phase of the broad question which has received any attention is the handling of the mentally or morally defective,—the prevention of propagation amongst the insane, the criminals, the alcoholics, or the degenerates. Only recently we discussed in these columns various methods of dealing with this particular aspect of the problem, and we shall here only insist that segregation is by itself entirely insufficient.

By far the most interesting and probably the most important aspect of eugenics is that which deals with the intrinsic improvement of the individuals of the human race. Prevention of disease and of degeneracy is comparatively easy to accomplish, because here the man of science can logically demand State aid. But where the question does not affect the State, the situation is more difficult. Improvement in the cattle or in the corn crop will be assisted by the State, because the cry of personal liberty cannot be raised by the dumb animals, but man, not being a dumb animal, refuses to allow the State to enforce a marriage union which the man of science considers will beget the healthiest children. Marriage is probably the strongest expression of individualism possible in modern conventions. But it were, indeed, well for sensible persons to awake to the call of posterity; to realize the value of the laws of heredity; to know, for instance, that by all the laws of probability two persons tained with nervous dispositions will endow their offspring with similar dispositions and thus handicap them in life's battle. It would indeed be a benefit to the human race if less attention were paid to a large birth-rate and the help of the law of the survival of the fittest, and more to improvement of the individual birth. But at the present day we fear that actually not much can be expected; Jack will marry Jill and let the children care for themselves; the divine passion will triumph and the wee small voice of the Superman remain unheard.

Not for a moment do we wish to be interpreted as being opposed to as wide a distribution of knowledge of eugenics as is possible. Education of the sort that has been so much agitated recently is the only weapon at present available, and we need only remember what has already been done with sex hygiene to feel the promise of future good in the new field. Formerly it was almost criminal to tell an adolescent the meaning of the wonderful awakening; now it surely is criminal not to explain sex matters freely and honestly to every child at or before puberty. The same methods should be employed in spreading the doctrine of eugenics. Ibsens' "Ghosts" and Brieux's horros of "Maternity" represent not a natural sequence of present conventions, but an awful possibility, due usually to ignorance. Men and women both should be told what the marriage state really is; to-day, on the one hand, there is entirely too strong a view that marriage should be based on pure sentiment, and, on the other, apparently, the view of the modern French playwright,—that it is only a state of legalized prostitution. If it were not for the children, men and women could marry whom they choose, but they must realize the duty they owe society and themselves. The broadest field of eugenics, as we conceive it, is the education of persons in all classes of life along lines showing "the influences that improve the inborn qualities of a race." This will be an uphill process, as all battles for truth against accepted prejudices are; but it is one well worth while, and one in which physicians must enlist.

Editorials from the Lay Press.

Sterilization of Defectives.

From the Camden Daily Courier.

Several State Legislatures this winter have followed the example of the last New Jersey Legislature and passed bills providing for the sterilization of insane and mentally defective inmates of State institutions. So far as publicly made known there have been few operations of the kind undertaken, but there is no good reason why the afflicted should not be made innocuous. Society demands the protection sterilization would provide, and those operated upon would not be sufferers. When the law is enforced the results should be made known, so that the advisibility of employing it in criminal cases might be inquired into. It is not doubted that were such a law applicable in cases of felonious assault it would have a curative effect on the guilty, and prove a deterrent on the criminally inclined. The terrible exposures of vice and immorality, and the frequent outrages and lynchings are agitating the social fabric to-day as never before, and wisdom suggests that every move toward the prevention of crime should be followed up to an experimental stage at least. Sterilization would go a great way toward preventing crime in certain directions, if it were used as a punishment.

Fees of Expert Witnesses.

From the St. Louis Republic.

The next legislature should act on the State Bar Association's recommendation to regulate expert testimony in civil and criminal cases, particularly as regards fees. There is a wide popular distrust as to the expert witness. The impression exists that in many instances the expert witness is, in effect, associate counsel for the side in whose interest he testifies. That his learned opinion frequently serves justice or serves to prevent serious injustice may not be debatable. But the fact that such attainment is open to hire raises a question as to its dependabilty in the popular mind.

From what may be called the coldly practical viewpoint it may not seem fair to empower the State or the defense to levy on the valuable time or knowledge of the expert without just compensation. But if that position were tenable, then our theory of jury service, carrying the right to draft any citizen for jury service, regardless of the value of his time or his earning capacity, excepting as specifically exempted, is wrong. Such a contention will not seriously be advanced. Noblesse oblige may in all truth be written of our citizenship. It imposes obligations on all citizens however vast or ordinary their affairs.

So the argument of adequate compensation

from the State, as determined by professional or trade standards, may not be submitted. Instead, the expert witness should be at the call of the State just as any other citizen is. If equity should seem to demand a special dispensation for him in the matter of fees, the dispensation should be kept within the limits of decency and ethical dignity.

In any event, the fact that a person of wealth is defendant in a criminal charge ought not to make our courts a lucrative market wherein expert witnesses can peddle their wares.

"An Example of Ethics for Doctors."

The Sun, New York, said editorially, February 2:

"Ethics is regarded as a sine qua non in medicine, whereas in business it is sometimes supposed to be more honored in the breach than the observance. That the doctor may obtain an object-lesson in ethics from a business firm is demonstrated in a recently issued circular of a leading mail-order house, in which this statement is made: 'We have decided to restrict our line of goods to those officially approved by the Co ncil on Pharmacy (and three other official authorities mentioned by title). Thus the highest quality as well as absolute uniformity are assued for these official preparations. We believe that the publications named contain all that is valuable in the field of medicine. If any more than the simple home remedies listed are needed we are frankly of opinion that they should consult their family physician rather than waste time and money in experimenting with drugs. In our opinion the evils chargeable to patent medicines are likely to continue so long as these products have free access to the channels of publicity.'

"What a homily this is on the present growing practice of physicians to prescribe proprietary secret (alias patent) medicines for their unsuspecting patients! The Sun has called attention to this evil, characterizing it as a menace to the good repute of the doctor. We have pointed out that the latter's dependence on the statement of ingredients on the label may bring bitter fruit to his patient and himself, that a proprietary drug preparation may be easily copied by the patient and by him bought without his prescription or even transferred to a friend, as is often done. In this manner the doctor loses patients, and the sick, whether their illness be real or imaginary, may be damaged by medicines taken without diagnosis or medical supervision.

"That the proprietary drug combinations are advertised at large expense in the regular medical journals with few exceptions is proof that their use by physicians is increasing. There is only one explanation for the avoidance of official preparations by physicians, a practice which even the business firm referred to points out as indefensible in ethics: indolence and desire to dismiss the case as speedily as possible. The ingredients of a physician's prescription should be written calmly in Latin terms so that the layman may not injure himself by its surreptitious use. It is the course of safety to dismiss any physician who dashes off a prescription for X & Co.'s Tonic or Dingalen, Propothin (these are fictitious terms) or other fancy proprietary drug. Neither the legitimate druggist nor the patient will be injured by this course."

Medico-Legal Items.

What is Not An Illness.

The District Court of Appeal of California, Second District, holds that "illness," as used in an application for life insurance, must be construed as something more than a mere indisposition, due to a temporary cold, accompanied by a painful menstrual period. Nor should statements of the applicant that she had not consulted a physician or been confined to the house by illness since childhood be considered untrue because she had been visited once by a physician when she had such a temporary cold and was in bed. Illness relates to matters which have a sensible, appreciable form, and applies ordinarily to matters of a substantial character, and not to a slight and temporary indisposition, speedily forgotten. Remaining in the house for a few hours, or abstaining from the labors of one's usual calling, owing to a temporary cold or headache, cannot be construed as "confinement to the house by illness." A reasonable construction of the question about having consulted a physician implies that it should be interpreted as relating to a consultation as to some disease or illness with which the applicant was or had been affiicted, not to some feeling of trivial discomfort or temporary indisposition, not affecting the general health. The right of a beneficiary to recover on an insurance policy, the application for which contains a statement that the applicant has not consulted a physician since childhood, should not be defeated by evidence that years before the date of his application he consulted a physician as to a headache, due to an overlibation at a banquet, and was advised to visit a soda foundtain and drink a bromo-seltzer.—(Poole vs. Grand Circle, Women of Woodcraft (Cal.), 123 Pac. R, 349).

Medical Evidence - Leading Questions.

In an action for personal injuries it is the duty of the jury, and not of the court, to weigh the evidence of the medical, as well as that of other witnesses.

It was alleged in the plaintiff's declaration that, as a result of his injury to the shoulder, his left shoulder joint became dislocated and the ligaments, muscles, and tendons of his left shoulder were cut, torn, stretched, lacerated, and permanently injured.

A question to one of his medical witnesses, "What, if anything, has been the effect upon the spinal column from the shrinking of the muscle?" was objected to because there was nothing in the declaration about any spinal column. It was held that, as it was claimed that one of the effects from the injury to the muscles alleged in the declaration was the curvature of the spine, the testimony was proper as showing the nature and extent of the injury to the muscles.

A physician had testified on cross-examination that he was not positive that X-ray plates of the plaintiff showed anything abnormal. It was held that he could be asked, on re-direct examination, whether he noted in the plates the deposit of any foreign substance in the muscles.

A physician was not allowed to testify, contrary to the plaintiff's evidence, that he had

treated the plaintiff for alcoholism.—Wilkins v. Detroit United Ry., Michigan Supreme Court, 135 N. W., 350.

Opinion of Sanity or Insanity From Appearance for Experts Only.

In a murder case a question was asked of a non-expert witness, "When you observed him (the defendant) was his appearance that of a sane or insane man?" This question was held properly excluded. The apparent condition of the mental system as to sanity or insanity is not a matter of act merely, and involves essentially, the inference and opinion of the witness. It is a matter for experts, and not for ordinary witnesses. Odom vs. State, Alabama Supreme Court, 56 So., 913.

Expert Evidence—Probable Result of Injuries.

In an action for injuries caused by being burned by molten iron, the plaintiff's attending physician was permitted to state that the character of the plaintiff's wound was such that a sarcoma, or eating cancer, was liable to ensue. The court recognized the general rule that an expert physician testifying to the consequences of a personal injury should be confined to probable consequences, but in the present case it did not think the physician indulged in pure speculation. The word "liable" is defined as "exposed to a certain contingency more or less probable." The word was used by the witness in the sense of probable, and was doubtless so understood by the jury. The identical phrase was used in Montgomery v. Scott, 34 Wis., 339, and upheld as a legitimate expression by a medical expert. The evidence was also competent as tending to prove acute mental suffering accompanying a physical injury. The liability to cancer must necessarily have a most depressing effect upon the injured person. —Alley v. Charlotte Pipe & Foundry Co., North Carolina Supreme Court, 74 S. E., 885.

Proof of Authority to Practice.

In an action for compensation for professional services registered in a foreign state, where the services were rendered, the undisputed testimony showed that the plaintiff had complied with the laws of that State as a prerequisite to his right to practice. It was held that the question of whether or not he was authorized to practice should not, therefore, have been submitted to the jury. In the case of any dispute in regard to the matter, the court should inform the jury what is required by the laws of the foreign State, so that they may determine whether or not the plaintiff has complied with them. It was held proper to exclude a copy of the plaintiff's license to practice, his failure to produce the original not being satisfactorily explained, and also the certificate of a county clerk to the effect that the plaintiff had registered his license in the office of that county.—Feingold v. Lefkovitz, Texas Court of Civil Appeals, 147 S. W. 346.

Osteopath—Regularly Qualified Physician.

In an action on an insurance policy the defendant was liable provided the osteopath who attended the plaintiff was a "regularly qualified physician" as the policy required. The only limitation imposed upon the attendant by the New York statute under which he became licensed as a doctor of osteopathy was that he was not permitted to administer drugs or to perform surgery with instruments. It was held that he was a "regularly qualified physician" within the meaning of the policy, the term being equivalent to one authorized by law to treat the sick.—Anderson v. National Casualty Co., New York Appellate Division, 135 N. Y. Supp. 889.

Therapeutic Notes.

Appendicitis—The Medical Treatment Of.

Dr. Beverley Robinson gives the following plan of medical treatment of Appendicitis in The Medical Record, March 22nd. The following is an earnest plea for great conservatism, as opposed to the prevailing, and as I believe, erroneous judgment of frequent operations almost as soon as the diagnosis is made. The rules of medical treatment given by me are, in my opinion, eminently judicious and safe, but especially so, for all travelers in localities in which experienced surgeons and modern hospitals are not found.

Rest on back in bed. Liquid food; enemas of warm water and sweet oil to move the bowels. (Mix oil with yolks of egg, add water and stir.) Use plenty of oil—6 to 8 tablespoonfuls not too much. Give enemas with fountain syringe (preferably) or Davidson's syringe, with the patient on the left side, near the edge of the bed, the knees drawn up; retain the enema a little while unless there is much griping or increased pain. In that case let the enema come away and repeat later. Give from a pint to a quart, or more, of liquid with each enema, to wash out the lower bowel thoroughly. It is desirable to attach to the metal or hard rubber tube of the syringe a short soft rubber tube about six inches long and half inch caliber for enemata. Before introducing the tube into the bowel see that the air is expelled and that liquid is coming out of tube.

Apply locally over the belly, warm flannels wet and wrung out with alcohol and water (one part alcohol, three parts warm water). Cover the wet flannel with rubber tissue. When the flannel is dry wet it again with alcohol and water.

Give codeine tablets, grain 1-10, every two hours until the pain is notably less; then less frequently.

There must be no transport from the bed or sitting up, so long as pain in the belly continues and even if there be little or no fever.

Give cracked ice and the best brandy for nausea or weakness, a teaspoonful frequently. Give the best and most nutritious liquid foods, i. e., strong broths or milk alternately or mixed together. Of these, one or more ounces every two hours should be given, when prostration is present. These would preserve life for many days.

Operation is absolutely forbidden during the acute period, unless a good surgeon is present and the conditions for operation are favorable. In the vast majority of cases a "cure" will be established in several days. Later on, in the interval or quiescent period, operation may be

indicated, when the patient seems practically well, except for the experience of the acute attack. Operation may be done then at home or in a modern hospital.

Herpes—Alum In.

Dr. George O. Williams, of New York, has found a saturated watery solution of alum practically a specific in herpes, applying it even to the conjunctiva or the cornea. The results have been most satisfactory. This is especially noteworthy in view of the fact that the applications ordinarily employed for herpes are of very little use. This very annoying and disfiguring malady usually runs its course unaffected by treatment.

Influenza—Sodium Salicylate In.

Dr. A. C. Stark, in the Practitioner, states that in influenza of the ordinary type he considers sodium salicylate the best drug to use. To give quinine to such patients adds to their discomfort. After a mercurial purge, the author uses the following combination, which, according to his statement, will arrest the affection in two days:—

℞ Sodii salicylatis,
Potassii bicarbonatis, of each, gr. x.
Tinct. nucis vomicæ, m x.
Aquæ chloroformi, q. s. ad ℥j.
M. Sig.: To be taken at one dose every two or four hours.—Med. Summary.

Pneumonia—Local Application of Salicylates.

Dr. P. B. Aquino, in Semana Medica, Buenos Aires, extols the efficacy of the local application to the chest of a mixture of 10 gm. of salicylic acid in 90 per cent. alcohol with 10 gm. of castor oil. The skin is first washed with ether and then one or two spoonfuls of the solution are applied on a square of guaze and the whole covered with cotton and rubber tissue, held in place with a bandage. This dressing is renewed three or four times during the twenty-four hours. Methyl salicylate might prove equally effectual but its penetrating odor is too great a drawback. The salicylic acid is refound in the urine and one of his patients complained of ear disturbances, confirming the thorough absorption of the drug. By this mode of administration the injurious influence on the digestive tract is avoided. He supplements it always with heart tonics, enemas, and an alkali internally to prevent irritation of the kidneys as the drug is eliminated through them. In the three cases reported in detail he applied only the salicylate locally, to test its efficiency alone. The symptoms were alleviated almost at once, and the patient felt so well that he could confidently predict defervescence the next day, which never failed him by the third day. He prefers for the heart tonic an injection of 0.01 or 0.02 gm. of camphorated oil each day to sustain the myocardium.

In Cases of Obstinate Sores, Think of Syphilis.

Another point about etxragenital chancres is that a sore place that does not get well under ordinary treatment ought to make you think of syphilis.—George Pernet in Clin. Jour., London.

The Prescribing of Cannabis Indica.

Plique recommends as an effective sedative a combination of the fatty extract of cannabis indica with lupulin and the extract of humulus as follows:

℞ Fatty Extract of Cannabis Indica, 0.05 gram. Lupulin.
Extract of Humulus, of each, 0.50 gram.
To be divided into ten pills.

The following potion is recommended by Berthier:

℞ Alcoholic Extract of Cannabis Indica, 0.20 grams.
Weak Infusion of Coffee, 60.00 grams.
Sugar, q.s.

The coffee is of value in diminishing the torpor. The fatty extract is more active, toxic, and certain in its effects than the alcoholic extract.—Bulletin Generale de Therapeutique.

Camphorated Oil Intraperitoneally.

The use of oil on the peritoneum after operations has been known for a long time. Recently instead of a plain sterilized oil some surgeons have been making use of a 1 per cent. camphorated oil, and they report very good results. 200 to 300 c. c. is used in adults; this equals 2 to 3 grams (30 to 45 grains) of camphor, but it is claimed to be absolutely harmless. Besides lubricating the intestines and thus preventing adhesions, the camphorated oil seems to prevent the absorption of bacteria and toxins; it is also antiseptic and acts as a cardiac tonic.—Critic and Guide.

The Neglected Cold.

Dr. Huber thinks that physicians and laymen alike are prone to minimize the significance of colds.

It is when we realize what their sequels, potential or actual, may be that they assume tremendous importance.

The two dominent sequels are pneumonia and tuberculosis.

It is not mere cold weather which invites one or both of these enemies, but alternating cold and warm, with the dust and germ laden atmosphere.

There are many things to be avoided in order also to avoid "catching cold," the superheated house with ts deficency of pure air and its excessive volume of CO_2, the germs in the clothing (hence the need of clean and well-brushed clothing), etc.

The actual cause of colds is, of course, bacteria, of more than one variety.

Some individuals are immune to such bacterial influence and hence to colds.

Apparent causes or coadjutants are mouth breathing, errors of diet, bad teeth, occupational influences, etc.

Prophylaxis is therefore all important in forestalling this most important disorder.

The timeliness of such warnings is perfectly apparent. There is no physical disturbance which the average individual is more inclined to slight and neglect than a cold, and too often it results as this writer has indicated.—Exchange.

Dr. Abraham Jacobi, in discussing a paper recently, said that those who refused to use drugs did not do their whole duty toward the profession or to the public; the older he got the more he used remedies. He, therefore, felt inclined to criticise the reader of the paper and hoped he would mend his ways.

Hospitals; Epileptic Village.

Women Endow Bed in Hospital.

The women of Washington, N. J., some weeks ago began a house-to-house campaign to raise $250 to endow a bed in the Easton, Pa., Hospital. The mayor, Dr. C. B. Smith, began the work, but decided that it could best be done by the women and they raised $270.

St. Barnabas Hospital, Newark.

This Hospital will receive under the will of Mrs. Emma L. Campbell, widow of Alexander Campbell of Morristown who died recently, $1,000.

Hospital for Asbury Park.

Directors of the Asbury Park Free Dispensary for the Medical Relief of the Poor have changed the corporation name of that institution, and hereafter it will be known as the Asbury Park Hospital. Physicians and others interested in the dispensary declare that this is the first step toward the construction of a modernly equipped hospital for the city. Dr. John Taylor reports that 875 patients have asked for treatment at the dispensary. Dr. William K. Campbell, of Long Branch, has been appointed opthalmologist of the hospital, and Dr. Charles M. McIlwaine, of this city, assistant opthalmologist. Dr. Taylor is the medical director.

Railroad Hospital Associations.

Dr. F. Allport, Chicago, in the Medical Record, Dec. 14, discusses the best and most equitable manner of remunerating surgeons for services rendered railroad employees, etc.

He says that a railroad medical fee bill should be established by medical associations. In doing so we should remember it is proper for obvious reasons that regularly employed railway surgeons may considerably reduce their fees to railroads for services rendered. The amount, however, should not be improperly low and should be fair and reasonable to both employer and employee. There has always been something mysterious about this subject, and it has never been a matter that has been openly understood as it should be. It is not expected that this fee bill will ever be universally used (there are always some men who prefer to work in the dark), but it would at least establish a standard and give an open expression of opinion from those who are best able to judge of what are the minimum fees which can be accepted by self-respecting railway surgeons. The method at present in vogue with most railroads, whereby surgeons either receive reasonable fees for services rendered or receive a reasonable salary, is a fairly satisfactory plan and should be continued until a distinctly better method can be demonstrated. Allport would have the medical profession discountenance any plan which seeks to reduce an already low remuneration by endeavoring to confer benefits on railroads or their employees at the cost of the medical profession. He believes that all railway insurance associations by which employees are insured against all forms of injuries or sickness are detrimental to the interests of the medical profession and should be discouraged. The diseases for which men may apply for relief should be carefully selected and definitely stated. This should relieve the doctors from caring for disgraceful diseases, most contagious diseases, and the innumerable partially or entirely imaginary diseases indulged in by poorly balanced and neurotic individuals who delight in haunting doctors' offices, especially where they can indulge in this morbid privilege without the payment of a fee.

If railroad hospital associations are formed adequate representation of both surgeons and employees should appear on their advisory boards. Only men drawing small salaries should be admitted to membership, and the remuneration to surgeons should consist in adequate salaries or in payment for actual services rendered, based on a low, but reasonable, fee bill. Employees should never be asked or required to sign personal injury releases to the company on receiving benefits from the association nor should they be required to become members of the association unless they themselves desire to effect such an alliance. Allport believes, also, that it is useless to endeavor to abolish the broad general idea underlying contract practice; it, like the locomotive and the automobile, has come to stay. Our efforts should be directed along the line of regulation instead of along the line of suppression.

Epileptic Village, Skillman.

During last month three new cottages were opened at the State Village for Epileptics, Skillman. Two of these are for regular patients and will accommodate about thirty each. The third is a cottage for feeble-minded men to be filled by transferring from the Vineland Training School, male patients, wards of the State, who were committed to the institution in their youth, and have since become adults.

Age Limit for Doctors.

The mangers of the Montreal General Hospital at the ninety-first annual meeting held recently added to the by-laws of the hospital a regulation making compulsory the retirement of the attending physicians upon reaching the age of sixty-two years.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Alabama, January.	68	46	22
Arizona, January	7	3	4
Colorado, January	9	6	3
Iowa, September	22	20	2
Massachusetts, November	75	57	18
Michigan, October	15	13	2
Minnesota, January	6	5	1
New Hampshire, Dec....	10	8	2
North Dakota, January..	13	9	4
Oklahoma, January	12	8	4
Virginia, December	31	19	12
Washington, January	40	29	11

Philadelphia Medical Schools Adopt a Higher Standard.

All the Philadelphia medical schools have adopted not only the higher entrance requirements recommended by the American Medical Association, but also those of the Board of Examiners of the State of Pennsylvania. After January 1st of next year, Jefferson Medical College, the Temple University Medical College, and the Hahnemann Medical College will require for admission, in addition to the work in an accredited high school, one year of college work in physics, chemistry, and biology, and also one foreign language. The University of Pennsylvania, however, will continue to require two years' preliminary work including these branches. Besides this preliminary work and the four years of strictly medical work, the student will be required to spend one year in a hospital as interne. Six years' work will thus be required by all the Philadelphia schools, with the exception of the University of Pennsylvania, which will require seven years.

The University and Temple University now possess fully equipped departments to teach biology, chemistry, physics, and foreign languages; the other schools named are to create such courses. The four-year course will still be available for those who matriculate in the above schools (excepting the University of Pennsylvania) next September, but this will be the last opportunity.

Schools Approved by the New York Board.

The New York State Board of Regents on February 20 voted to recognize the following schools of medicine as meeting the requirements of the State; Dartmouth Medical School, Hanover, N. H.; Leland Stanford University College of Medicine, Palo Alto-San Francisco, Cal.; McGill University Medical Faculty, Montreal; College of Physicians and Surgeons, Baltimore.

Deaths.

BLAIR.—In Philadelphia, Pa., March, 1913. Dr. James Edward Blair, of Burlington, N. J. Further notice will appear next month.

FISCHER.—At Paterson, N. J., February 22, 1913, Dr. George Fischer, of pneumonia, aged 47 years. Dr. Fischer was born in Breslau, Germany, October 30, 1865, where he received his early education; this was continued in the University of Wuerzberg, Bavaria, from which he graduated in 1889. Following this he took up special study in Vienna for one year, and then came to the United States and settled in Paterson, N. J. Two years later he was married in New York City. About eight years ago he purchased the residence, 90 Auburn street, Paterson, where he died. His death is regarded as extraordinary, as he was a man of robust physique and had very seldom experienced a sick day. He had the unremitting care of Drs. McCoy and Todd, with the assistance of a New York specialist, but all efforts were unavailing and he died after an illness of only five days. Dr. Fischer was a member of the Passaic County Medical Society, the Medical Society of New Jersey and the American Medical Association; he was also a member of the German Medical Society of New York, the New York Academy of Medicine, and he was dermatologist to the Paterson General Hospital and Assistant Dermatologist at the German Hospital in New York. At his request there were no formal funeral services. The Passaic County Society of which he was a faithful member, passed resolutions on his character and services at its regular meeting in March.

GRIER.—At the Cooper Hspital, Camden, N. J., March 12, 1913, Dr. Clarence R. Grier, of Camden, from pneumonia, aged 42 years.

Dr. Grier graduated from the Jefferson Medical College, Philadelphia, Pa., in 1893.

HOLMES.—At Rahway, N. J., March 2, 1913. Dr. Charles B. Holmes, from pneumonia, in the sixty-fifth year of his age.

Dr. Holmes was the son of Alonzo and Julietta Holmes, was born at Hamilton, Monroe County, N. J., July 3, 1848. He graduated from the New York Homeopathic Medical College and Hospital in 1874, and settled in Rahway, N. J. He was city physican and had been elected four times mayor of the city. He had also served 3 years in the City Council, and one year as county coroner. He was a member of the Union County Medical Society.

YOUNG.—At Newark, N. J., March 26, 1913. Dr. Joseph Coddington Young, aged 65 years. Further notice will appear next month.

HOLMES.—At Cranbury, N. J., March 24, 1913. Mrs. Louisa Holmes, widow of the late Dr. John C. Holmes of Cranbury.

Personal Notes.

Dr. Augustus L. L. Baker, Dover, is giving a series of five lecture on "First Aid to the Injured," for the benefit of the D. & L. Railroad employees.

Dr. Eustace C. Butler, Caldwell, returned last week from a visit among friends in Northern New York State.

Dr. Thomas Barber, Phillipsburg, Senator from Warren county, was taken ill in Trenton last week and was compelled to return to his home.

Dr. William W. Brooke, Bayonne, served last month as one of the captains of teams in the contest for raising $125,000 for a Y. M. C. A. building in Bayonne. Drs. Bert Daly and A. C. Forman also served on the successful teams.

Dr. William R. Broughton, Bloomfield, was recently elected an elder of the First Presbyterian Church of that city. He returned last month from a visit to Augusta, Ga.

Dr. Richard L. Cook, Dover, has sold his property and will hereafter reside in Newark.

Dr. Charles M. Dunning, Franklin Furnace, is recovering from a severe illness.

Dr. Henry B. Epstein, Newark, has been elected member of the Mountain Ridge Country Club, West Orange.

Dr. Altamont L. Gordon, Burlington, was ill last month, but is recovering.

Dr. Edgar B. Grier, Elizabeth, was elected last month vice-president of the Suburban Club.

Dr. H. Crittenden Harris, Glen Ridge, senior member of the borough's school board, was re-elected last month. He has served since the board's organization eighteen years ago.

Dr. Ralph H. Hunt, East Orange, recently addressed the New England Society of Orange, on Mosquito Extermination Commissions.

Dr. Henry W. Kice, Wharton, and Drs. F. W. Owen and Harry Vaughan, Morristown, addressed the Prohibition Alliance of Morristown, March 4th. Dr. Kice recently returned from a visit to his son at Baldwin, N. Y.

Dr. Howard G. McFadden, Hackensack, and wife spent a few days last month at Atlantic City.

Dr. William H. Merrill, Somerville, addressed the young men of the Baptist Church last month, on "How to Care for a Broken Bone Until the Doctor Arrives."

Dr. William H. Murray, Plainfield, was appointed recently a member of the committee to plan for the adoption of a Commission form of government for Plainfield.

Dr. George E. Reading, Woodbury, has been appointed a member of the Publicity Committee of the local board of trade.

Dr. George H. Sexsmith, Bayonne, was very active on the Committee which is endeavoring to secure a Y. M. C. A. building there. He addressed the Men's Club of the First Reformed Church last month on "The Adulteration of Foods."

Dr. Gertrude P. Ward, Bloomfield, was recently elected a deaconess of the First Presbyterian Church of that city.

Dr. William Flitcroft, Paterson, is chairman of a committee which is endeavoring to make that place a "city beautiful," by a general cleaning up and flower planting campaign.

Dr. William Martin, Atlantic City, has an able paper in the March issue of Therapeutic notes, on "The Treatment of Neuritis."

Dr. Frank W. Pinneo, Newark, was elected recently vice-president of the New York Society of Anesthetists, which is an unusual honor conferred on a Jerseyman by a Society of another State.

Dr. Henry H. Sherk, Camden, who narrowly escaped serious injury in an automobile accident, had another skidding auto crash into the porch of his residence a few days later, tearing away a large part of it.

Dr. H. Genet Taylor, Camden, was last month elected senior warden of St. Paul's Episcopal Church of Camden, and Drs. Alex. McAlister and Levi B. Hirst were elected vestrymen.

Dr. William J. Wolfe, Chatham, has been suggested for the position of postmaster of that city.

Dr. Grafton E. Day, Collingswood, acted as toastmaster at a largely attended banquet of the Prohibitionists of Camden County, last month.

Dr. Thomas N. Gray, East Orange, delivered an address on "Diseases Resulting from the Social Evil," before the Council of Jewish Women, held in Newark March 25th.

Dr. William H. Lawrence, Jr., Summit, suffered from a severe attack of tonsilitis last month.

Dr. George E. Reading, Woodbury, is enjoying a trip to Panama. He expects to return about the 16th of April.

Dr. William A. McMurtrie, Mendham, returned home last month after a weeks' stay with his parents.

Dr. Martin W. Reddan is able to be about again on crutches since he fractured his leg and has resumed practice.

Book Reviews.

CHLORIDE OF LIME IN SANITATION. BY ALBERT H. HOOKER, technical director Hooker Electrical Chemical Co., New York. John Wiley & Sons, 1913.

The recent methods of purifying water by chloride of lime are herein quite fully presented. Physicans, sanitarians and all those in charge of the public health will find in this book a large amount of information, which as not heretofore been accessible in one volume.

THE SURGICAL CLINICS OF JOHN B. MURPHY, M. D., at Mercy Hospital, Chicago, Volume II, Number 1. Octavo 179 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1912. Published bimonthly. Price per year: Paper, $8.00.

Among the articles contained are the following: Open Treatment of Fractures; Luxation of Semilunar Cartilage; Medicolegal Relations of Physician and Patient; Tuberculosis of the Knee; Paget's Disease; Congenital Pyloric Stenosis, etc.

PROGERSSIVE MEDICINE: A QUARTERLY DIGEST of the Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Leighton E. Appleman, M. D., Vol. XV, March, 1913. Lea & Febiger, Philadelphia and New York, 1913.

The contents of this volume contain the following: Surgery of the Head, Neck and Thorax, by Chas. H. Frazier. Infectious Diseases, including Acute Rheumatism, Croupous Pneumonia, and Influenza, by John Rurah; Diseases of Children, by Floyd M. Crandall; Rhinology and Laryngology, by Geo. B. Wood; Otology, by Arthur B. Duel.

MEN, MANNERS AND MEDICINE. BY MEDICUS Peregrinus. Octavo, uncut edges, in heavy paper cover. Price, Postpaid, One Dollar. W M. Leonard, Publisher, 101 Tremont Street, Boston, Mass.

The Essays and Sketches which make up this collection originally appeared from time to time in the columns of the Boston Medical and Surgical Journal. They represent the observations of a doctor, from his professional point of view, on men and books and other phenomena, especially in relation to medicine. The reader may be not only entertained but instructed, as he realizes how abundantly the doctor's life affords special opportunities for contact with larger interests outside the day's work.

Public Health Items.

Infant Death Rate.

During the year 1912, the infant mortality in New York City decreased 6 per cent., the total number of deaths being 14,289 as compared with 15,053 in 1911. At the same time the number of births increased by 1,081.

Epidemic of Measles at Seabright.

The Seabright Public School was closed recently by order of the Board of Education because of an epidemic of measles. There are sixty-cases. The school remained closed two weeks.

Contagious Diseases in Camden.

There were reported to the city Board of Health 649 cases of contagious disease for the month ending March 15th: 455 measles, 75 scarlet fever, 24 diphtheria, 25 chicken-pox, 22 mumps, 22 tuberculosis, 4 membranous croup, 16 tonsilitis, 4 whooping cough.

Patent Medicines and Public Health.

While much that is now sold in the drugstores represents merely a harmless or sometimes useful physician's prescription, the aggregate result of the "patent medicine" is the building up of gigantic systems of robbery on the one hand and a corresponding damage to public health on the other.—David Starr Jordan, Science.

The Value of Sanitary Consciousness.

As the first step toward spiritual salvation is a recognition of one's sins, so the first step toward sanitary salvation is the recognition by the sick town or county of its sickness. It is characteristic of communities with death rates far in excess of the average that they do not know that they are sick.—Bull. North Carolina State Board of Health.

Examining Physicians for Public Health Service.

A Board of Medical Officers will meet at the Bureau of the Public Health Service in Washington, on Monday, April 7, 1913, for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health Service. Candidates must be between 23 and 32 years of age, graduates of a reputable medical college, and of good moral character. For further information or for invitation to appear before the Board of Examiners application should be made to the Surgeon General, Public Health Service, Washington, D. C.

Backward and Defective Children.

The danger to the community of unrestrained procreation by the mentally defective is becoming more generally recognized. Citing many instances of the tendency of the feeble-minded to multiply either illegitimately or with legal sanction, I. T. Smart (Arch. Pediatrics, 1912, xxix., 268) says that the duty of the community is to gain personal information concerning the approximate number of aments in city, county, State; to endeavor to use present laws in so far as they cover the problem, and to seek to obtain further legislation which will more effectually deal with the needs in caring for these afflicted children; to demand that it shall be unlawful to issue a marirage permit to any person or persons who have at any time been declared to be mentally defective, or, when such evidence does not exist, and there is any doubt about the mental habits of either of the contracting parties, a certificate of mental fitness to be produced from a reputable physician in good standing. The importance of this subject depends upon the fact that there are over 7,000 boys and girls in the schools of New York City who have definite mental defects.

Attitude of the N. Y. Department of Health in Relation to Venereal Diseases.

Dr. Hermann M. Biggs, read a paper before the N. Y. Academy of Medicine, February 20, 1913.

He stated that the action of the Board of Health in regard to the reporting of venereal diseases had been taken with a full realization of the difficulties that the problem presented. They had been influenced to this step by the fact that venereal diseases were infectious, highly communicable, and also preventable. The Board of Health was charged by law with the control and prevention of such disease and consequently the logic of the situation demanded that action should be taken. The Department of Health concluded that its duty was to attempt to deal with the purely sanitary features of the problem from the public health standpoint, while the social and moral phases were entirely ignored. A number of the hospitals had objected to reporting cases of venereal disease and had appealed to the Mayor. The opposition met had been paralleled when some years ago it was decided to make pulmonary tuberculosis a reportable disease. After reviewing the history of that struggle, it was stated that such criticism and opposition had been fully anticipated and much more was likely to follow. Last year Dr. Homer Swift of the Hospital of the Rockefeller Institute showed that there was not a single clinic or dispensary in New York City in which modern methods for the diagnosis and treatment of syphilis were regularly followed. The department did not desire and never had desired to assume any responsibility or to do any work which was being done properly by any other authorities or agencies. The request of the department for a report of the number of cases of venereal diseases treated by each physician during 1912 had up to the present time resulted in the report of 12,525 cases of syphilis, 23,759 cases of gonorrhea, and 4,166 of chancroid, making a total of 40,450 cases, which only represented the cases reported by private physicians. It was probable that 200,000 was nearer the actual number of cases in the city during the year 1912. The department had established a "diagnosis venereal clinic" in July, 1912, and in January an evening clinic for the accommodation of persons who could not well leave their work during the day. The total attendance at the main clinic was 557 since January 1, while the night clinic had averaged six nightly. The policy of the Department of Health toward these diseases at present comprised the following: 1. The development and

extension of the system of registration as at present conducted. 2. The provision of adequate facilities for the early diagnosis and subsequent supervision of all forms of venereal disease. 3. The institution of an extensive campaign of education in relation to sex hygiene and as to the cause, prevalence, danger, results of such infections, and the means for their prevention and treatment. 4. The provision of hospital accommodations for such cases as constituted a menace or which could find no facilities elsewhere for their care.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, February, 1913.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending February 10, 1913, was 3,644. By age periods there were 619 deaths among infants under one year, 270 deaths of children over one year and under five years, and 1,232 deaths of persons aged sixty years and over.

An increase in deaths from pneumonia and other diseases of the respiratory system is shown over the previous month. Deaths from tuberculosis also show the usual seasonal increase. The mortality from typhoid fever is lower than the previous month and also below the average for the preceding twelve months.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending February 10, 1913, compared with the average for the previous twelve months, the average in each class of disease being given in parentheses:

Typhoid fever, 26 (27); measles, 15 (23); scarlet fever, 26 (14); whooping cough, 11 (18); diphtheria, 58 (42); malarial fever, 2 (2); tuberculosis of lungs, 373 (310); tuberculosis of other organs, 42 (46); cancer, 169 (168); diseases of nervous system, 400 (355); diseases of circulatory system, 540 (407); diseases of respiratory system (pneumonia and tuberculosis excepted), 317 (204); pneumonia, 394 (237); infantile diarrhoea, 71 (195); diseases of digestive system, (infantile diarrhoea excepted), 182 (187); Bright's disease, 285 (237); suicide, 33 (34); all other diseases or causes of death, 700 (620); total, 3,644 (5,126).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis, examined: Specimens received from suspected cases of diphtheria, 603; tuberculosis, 512; typhoid fever, 173; malaria, 16; miscellaneous specimens, 76; total, 1,380.

Division of Food and Drugs.

During the month ending February 28, 1913, 418 samples of food and drugs were examined in the State Laboratory of Hygiene. The following samples were found to be below the standard: 13 of the 261 of milk; 8 of the 41 of butter; all 3 of cheese; 3 of the 19 of vinegar; 1 of the 3 of water; 4 of the 5 of bay rum; the one each of carbolic acid and toilet water; 3 of the 4 of hair tonic; 5 of the 12 of tincture iodine and 19 of the 30 of witch hazel. All of the following were above standard: 3 brandy; 1 cider; 8 cordials; 12 cream; 2 maple syrup; 3 molasses; 2 olive oil; 2 whisky, and one each cider, eggs, lemon juice, pepper salad, vanilla flavor, and vodka. Seventeen suits were entered against parties whose foods or drugs were found to be below standard.

Samples of oysters examined from various oyster beds during the month, 5. Samples of clams examined from various clam beds during the month, 54. Samples of oysters examined, collected from various markets during the month, 25.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 381 dairy inspections were made. The following columns give the number inspected in each county and the number found to be 60 per cent. above and 60 per cent. below the perfect mark:

	Number inspected.	Above 60%.	Below 60%.
Bergen	12	9	2
Burlington	1	1	0
Camden	23	16	7
Essex	12	9	3
Hunterdon	84	62	20
Mercer	58	20	27
Middlesex	1	0	1
Monmouth	1	1	0
Morris	3	3	0
Salem	62	20	42
Somerset	14	9	5
Bucks, Pa.	46	17	22
Chenango, N. Y.	64	64	0
	381	231	129

The following were stopped producing milk: 1 in Bergen, 2 in Hunterdon, 11 in Mercer counties, and 7 in Bucks, Pa.

Number of dairies; initial inspection..... 99
Number of reinspections 282
Milk depots inspected 4

Inspections were made at the request of the following local boards of health: Belleville, Bound Brook, Dunellen, Haddonfield, Orange, Perth Amboy, Ridgewood, Salem, South Orange, Trenton and Westwood.

CREAMERIES INSPECTED.

Baptisttown, Blairstown, Clinton, Everittstown, Frenchtown, Holland, Marksboro, Mount Pleasant 2, Plainfield, Quinton, Three Bridges, Tranquility, Trenton, Union Hill, N. J., 4, and Brisbin, N. Y. Total, 19.

Number of creamery licenses recommended, 3.

ICE CREAM FACTORIES INSPECTED.

Gloucester, Salem, Trenton 2. Total 4. Ice cream factory licenses recommended, 1.

During the month ending February 28, 1913, 114 inspections were made in 56 cities and towns, the largest number of inspections in the 56 were Jersey City, 9; Newark, 7; Trenton, 7; Camden, 6; Highlands, 5; Morris Plains, 5; Paterson, 5.

The following articles were examined during the month, but no samples were taken:

Milk 508, Butter 325, Food 698, Drugs 260.

Other inspections were made as follows: Milk wagons 179, milk depots 24, grovery stores 246, drug stores 15, slaughter-houses 16, meat markets 8, cold storage warehouses 35, oyster shucking houses 33, oyster markets 18, confectionery stores 6, creameries 5, hotel refrigerators 3, canning factories 1, egg breaking establishments 1.

Meat inspections: Veal, 12 carcasses passed—3 seized; pork, 168 carcasses passed—9 condemned; beef, 1 carcass passed.

Division of Foods, Drugs, Sewerage and Water

Total number of samples analyzed in the Water Laboratory, 210; public water supplies, 151; private water supplies, 12; State Institution water supplies, 12; bottled water supplies, 14; miscellaneous samples, 1; sewage samples, 20.

INSPECTIONS.

Water supplies and water purification plants inspected at Asbury Park, Boonton, Bridgeton, Clementon, Cranbury, Dover, Elizabeth 3, Glen Gardner (New Jersey Sanatorium for Tuberculosis Diseases), Gloucester, Maple Shade, Millville, Morris Plains, Mount Holly 2, Newark 2, New Brunswick, Rahway, Rahway (New Jersey Reformatory) 2, Raritan, Riverton, Roebling 2, Sea Side Heights, Skillman (New Jersey State Village for Epileptics), Somerdale, Swedesboro, Trenton 2, West End 2, Woodbury 2.

Watershed inspection at Boonton and vicinity (Jersey City Watershed).

Bottled water supplies inspected at Blackwood, Gloucester, Laurel Springs (Crystal Spring), Maple Shade (Iron Rock Spring), Passaic (Turtle Hill Spring), Woodbury (Beach Spring).

Sewage disposal plants and sewerage systems inspected at Asbury Park, Bordentown, Brown's Mills, Burlington, Chatham-Madison 4, Colingswood, Haddonfield, Helmetta, Jamesburg, Long Branch 2, Merchantville, Metuchen (Creamery Disposal Plant) 2, Millville, Morristown, Neptune Township, Newark, Plainfield 2, Ridgewood, Trenton Junction (Agasote Millboard Company), Vineland, Wortendyke.

Stream inspections on the Delaware River and tributaries, Hackensack River and tributaries, Newark Bay and tributaries, Raritan River and tributaries, Rockaway River and tributaries, South River.

Number of stream pollutions reported....	136
Reinspections of stream pollutions made....	205
Stream pollutions found abated.....	140
Notices to cease pollution issued.....	11
Cases referred to the Attorney General....	54
Plans for sewerage systems, sewage disposal plants and extensions approved....	13
Plans for water supply systems approved..	6

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-official Remedies, 1912, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-official Remedies":

Sodium Glycerophosphate (sodii glycerophosphas) is hydrated sodium glycerophosphate, $Na_2(C_3H_5(OH)_2)PO_4.5\frac{1}{2}\,H_2O$, containing not less than 99 per cent. of hydrated sodium glycerophosphate. It is crystalline, quite soluble in water, but insoluble in alcohol. Its properties and dosage are similar to those of calcium glycerophosphate. (See N. N. R., 1913, p. 118.)

Sodium Glycerophosphate, Monsanto, is a non-proprietary article and complies with the tests laid down for sodium glycerophosphate. Monsanto Chemical Works, St. Louis, Mo.

Vacules Digitol contain digitol 30 Cc. in sealed ampules. The air in the container is removed before sealing, whereby, it is claimed, deterioration of digitol is retarded.

Hediosit is the lactone or inner anhydride, $C_{17}H_{12}N_7$, of alpha-glucoheptonic acid, $CH_2OH.(CHOH)_5COOH$. It is an odorless powder having a sweet taste and is readily soluble in water. When given to diabetic patients hediosit is said not to increase the amount of glucose in the urine. It is claimed to have a food value equal to the same amount of glucose. It is said to be useful as a sweetener of the food for diabetic patients. Farbwerke-Hoechst Company, New York.

Isatophan is methoxy-atophan, 8-methoxy-2-phenyl-quinolin-4-carboxylic acid, $CH_3O.C_7H_4$-$N.C_6H_5.COOH.8:2:4$. It is a powder insoluble in water, tasteless, and has a slight odor. Its actions, uses and dosage are the same as for atophan. It is also sold in the form of Isatophan tablets, each containing 0.5 Gm. isatophan.—Schering and Glatz (Jour. A. M. A., Feb. 15, 1913, p. 516).

Facetious Items.

Dr. Wiley's Ready Wit.

In the department circles in Washington, says Arthur Wallace Dunn, in The World's Work, Dr. Wiley is known as a man who is good company and who says things worth repeating.

Soon after the President's order was issued to the effect that no information was to be given a Congressman by any employee of the government, and only heads of the departments could furnish information, Dr. Wiley met a member of Congress.

"Good morning, Doctor; how are you this morning?" was the greeting.

"I can't tell you," promptly responded the doctor; "you'll have to ask the secretary."

One of the best examples of his quickness of repartee is the exclusive property of the women of the bureau of chemistry.

They all call him "the Big Chief." Once a petite young woman of the bureau met the doctor as he was passing along the corridor to his office.

"Good morning, Big Chief," she said.

"Good morning, Little Mis-Chief,' retorted the doctor.

"That was an awful mistake that surgeon made. The man he operated on didn't have what he thought he did."

"Didn't have appendicitis at all, eh?"

"Oh, he had appendicitis, all right, but he didn't have any money."—Houston Post.

"Are you sure, senator," asked the chairman of the investigating committee, "that your meeting with the man who claims that you gave him the bribe was purely accidental?"

"Yes. He just happened to drop into my place one day to buy a drink."
"You had not sent for him?"
"No."
"You had no idea before he arrived that he was coming?"
"Not the least."
"Did you not write to him about a week before he went to your saloon?"
"No."
"You are sure of that?"
"Of course. I never wrote to him at no time."
"Kindly glance at this letter. Isn't that your signature?"
"Confound him! He told me he had burned it. Lord, how I hate a liar!"—Chicago Record-Herald.

"I do my best," said Mr. Clumzie, "to scatter sunshine and encourage a spirit of patience and cheerfulness, but somehow I always go wrong."
"What has happened?"
"I met a friend who looked a little gloomy, so I said to him: 'Cheer up! Nothing is as bad as it might be. Every cloud has a silver lining, and you only make trouble worse by thinking about it."
"Didn't he respond?"
"No. He simply said: 'Don't bother me. I've got the toothache.' "—Washington Star.

"Bang!" went the rifles at the manœuvres.
"Oo-oo," screamed the pretty girl—a nice, decorous, surprised little scream. She stepped backward into the surprised arms of a young man.
"Oh," she said, blushing. "I was frightened by the rifles. I beg your pardon."
"Not at all," said the young man. "Let's go over and watch the artillery."—Cincinnati Times-Star.

"Why does the doctor look at you so wolfishly?"
"He knows my appendix has never been removed."—Louisville Courier-Journal.

An old South Carolina darkey was sent to the hospital of St. Xavier, in Charleston.
One of the gentle, black robed sisters put a thermometer in his mouth to take his temperature. Presently, when the doctor made his rounds, he said:
"Well, Nathan, how do you feel?"
"I feels right tol'ble, boss."
"Have you had any nourishment?"
"Yassir."
"What did you have?"
"A lady done gimme a piece of glass ter suck, boss."

Couldn't Spare It.

A woman in one of the wards in the Rhode Island Hospital was informed she had appendicitis and would have to be operated on at once. Much frightened, she reluctantly consented and was conveyed to the operating room.
One of the doctors had commenced to administer the ether and her eyes were closing languidly, when he discovered he had forgotten to inquire if she had false teeth. He quickly removed the rubber cap, and shaking her slightly, he said :"Have you anything loose in you mouth?"
Then, as he made a move to put his hand in her mouth, she opened her eyes wildly and exclaimed
"Nothing but my tongue, doctor, and for goodness sake don't cut that out, too!"—Mack's National Monthly.

"Are they fond of their New York home?"
"Oh, awfully fond. They spend their winters in Florida, their springs in Lakewood, their summers at Newport and their autumns at Lenox, but they are simply devoted to their New York home!"—Chicago Mail.

Jennie—He must have a soft spot in his heart for me. Wennie—Why so? Jennie—He says he is always thinking of me. Wennie—But, you know, a man doesn't think with his heart. The soft place must be in his head.—London Telegraph.

The Change—"You certainly look better. You must have followed my advice and had a change."
"Yes, doctor, so I have."
"Where did you go?"
"I went to another physician."

Father whacks the carpet
Hanging on the line;
Son is playing baseball
(He is on the nine);
Daughter's out canoeing
With some jolly friends,
Mother washes, irons, cooks,
Scrubs and sweeps and mends.
—Canadian Courier.

"George, dear," said the girl, "do you ever drink anything?"
"Yes, occasionally," George reluctantly admitted.
"But, dear," she went on anxiously, "what do you suppose papa would say if he should discover that the future husband of his only daughter drank?"
"He discovered it this morning."
"Oh, George! and what did he say?"
"He said: 'Well, George, my boy, I don't care if I do.' "—Milwaukee Sentinel.

"Seven years ago I landed in this town with only $1, but that dollar gave me my start."
"You must have invested it very profitably."
"I did. I telegraphed home for money."—Louisville Courier-Journal.

PEARSON HOME
For the Treatment of Drug Addictions
Avoidance of shock and suffering enables us to treat safely and successfully those extreme cases of morphinism that from long continued heavy doses are in poor physical condition.
BONNER ROAD, - - BALTIMORE, MD.

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DO NOT FORGET THAT THE

147th Annual Meeting of the

Medical Society of New Jersey

will be held in the

NEW MONMOUTH HOTEL, SPRING LAKE

June 10-12, 1913.

MAKE YOUR PLANS TO ATTEND.

DON'T FORGET TO BRING THE LADIES.

The program is exceptionally good and ought to give us an exceptionally large attendance. A preliminary outline is given elsewhere.

The New Monmouth is an ideal house for our Society meetings. At our last two annual meetings it provided so liberally for our entertainment and comfort, on such satisfactory and generous terms, that our Society decided last year to accept the manager's invitation to hold the third consecutive year's meeting there contrary to all previous records.

Every Officer and every Permanent and Annual Delegate should attend if possible.

Every member of a County Medical Society is privileged to attend as an Associate Delegate and is invited to do so.

Every Secretary, Treasurer and Reporter of a County or Local Medical Society is expected to attend.

Come, bring the ladies of your family—it will be a medical family gathering.

Come the first day and stay till after the last session on the 12th.

THE SHORT SPICA IN THE TREATMENT OF HIP-JOINT DISEASE.*

By Carl R. Keppler, M. D., New York City.

(Member of the Union County Society.)

Consulting Orthopedic Surgeon, Fordham Hospital; Visiting Orthopedic Surgeon, Fordham Hospital, O. P. D.; Orthopedic Surgeon German Poliklinik; Visiting Orthopedic Surgeon, St. Elizabeth's Hospital, Elizabeth, N. J.

In the relative order of frequency of tuberculous disease of the bones and joints, the hip-joint is attacked secondarily to the spinal column, and much more frequently in childhood than in adult life. The disease is a slowly progressive one, with increasing destruction of bone and joint tissues. In as far as possible the body resists the progress of the disease, rest of the afflicted parts being rather insufficiently maintained by muscular spasm. If uncontrolled, the process may run its course in from three to five years, when natural cure takes place, leaving the joint in a more or less destroyed condition and distorted position. This should and can be prevented, the disease can be controlled, its destructive progress checked. The means thereto are:

(a) Surgical intervention with removal of the diseased bone or focus.

(b) Enforced rest long continued, by mechanical means to assist nature's cure, while the limb is maintained in the correct attitude, with the administration of such medicines, as are indicated, and observance of proper hygiene and diet.

Though undeniably, ideal, surgical interference is limited. Only complete removal

* Read before the Morris County Medical Society December 10, 1912.

of an entire tuberculous focus, or of the numerous foci, will be curative and this accomplishment we can never be fully certain of in the hollow bones. Extension of the disease from the original focus in the head of the femur to its neck and shaft is often found.

Furthermore, as the removal of the end of any bone (epiphysis), which is the part primarily diseased, will stop its growth, it is not advisable to operate in children on account of the resultant shortening of the leg. Operative intervention can only be advised even in adult cases where rapid recovery from a serious illness is of more importance than the maintenance of a good functionating limb. If the disease has so far progressed as to demand excision of the head and neck of the femur, a perfect functional result cannot be expected for the integrity of the joint is lost.

Expectant (fixation) treatment is, therefore, of necessity the one usually selected. For though retardation of growth of the limb is often the rule after coxitis, and this may bear a distinct relation to the amount and duration of restraint, still complete interference with function in the diseased joint must be enforced for a long period as the least of evils.

Its objects are:

1. To give relief and comfort.
2. To arrest the progress of the disease.
3. To prevent deformity or contracture.
4. To overcome existing deformity.

The fixation is based upon natural laws —the complete rest of the limb thus attained in producing local anemia, is found to hasten local repair, to increase body resistance to the progress of disease, and to assist in avoiding further traumatism. In one important respect this artificial fixation of the joint differs from the spasm naturally maintained without treatment in that the most useful and restful position of the leg is enforced. When fixation treatment of Hip Joint Disease was first undertaken it was assumed that traction on the limb was always a necessary adjunct to immobilization, hoping in that way to keep the diseased surfaces of the joint separated; as it was supposed that friction in the joint during locomotion as well as motion was harmful and that this traction would eliminate both and thus overcome bone destruction and consequent joint anchylosis. It was found that while lying prone this can be done, but except in the very young the length of time required for treatment in the recumbent position seriously impairs the general health. So portative apparatus of various forms of steel splints and braces hopefully combining fixation with traction was introduced. Though of late it has been found that no apparatus can satisfactorily maintain this separation of the joint when the erect posture is assumed and weight put upon the part, the long or short traction hip splints, cumbersome and irksome as they are, are still very generally used. They consist of a long straight steel bar running down the outside of the body and limb, longer by several inches than the leg; below with a right angle cross-piece and hard rubber pad upon which the child walks. Above, the brace is attached to the body by means of a ring and straps, and the foot hangs freely and is pulled down toward the cross-piece by means of straps and buckles. On the well leg a high sole is made on the shoe, so that the child practically walks on a stilt.

The traction splint is necessarily heavy to be strong enough and immobilizes so much of the trunk and limb as to prevent any enjoyment of free body motion. The fixation is not complete and the traction is necessary to aid this; in itself the splint has no effect on separating the surfaces of the joint. The employment of the adhesive straps to the leg for the buckles, continuously constricting the blood-vessels, necessarily causes marked atrophy and more or less irritation of the skin of the calf; and often relaxation of the ligaments of the knee-joint follows the long continued pull of the straps on the limb. The ugliness of the splint is irksome; its restraint weakening to the general health and depressing to the mental condition of the sufferer.

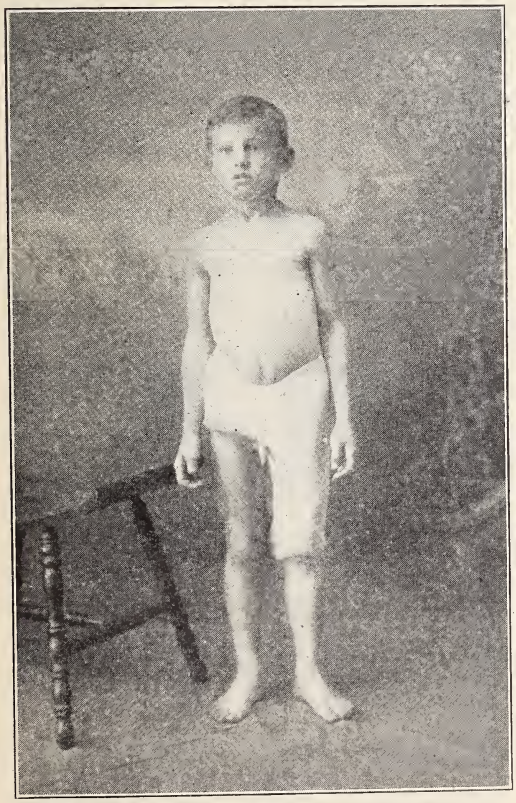
For sometime it has been recognized that after very severe hip-joint disease with much destruction, ankylosis of the joint, so long as a useful weight-bearing non-deforming position of the limb could be maintained, was rather better than otherwise, and a movable, but destroyed and distorted joint is a source of evil. Furthermore, that fixation alone, if early enough applied and thoroughly carried out, will as effectively counteract the disease as traction and fixation.

Basing his treatment upon these findings, Lorenz employs a short plaster-of-Paris spica encasing thigh and pelvis only. This gives satisfactory immobilization of the hip-joint and the position of natural rest and protection, abduction and extension, can be produced while it is being applied and maintained naturally by it after it has

hardened. The result of treating hip-joint disease by this means is satisfactory enough to make its employment very general.

The method of application of the spica is as follows:

The child is placed upon its back on a hip and shoulder rest. The shoulders are held above by an assistant, the feet being supported by another. Over the body and affected limb seamless shirting is drawn, and under this runs a flannel or silk scratch band. Over the shirting padding is wound to sufficient thickness, especially over the anterior superior spines, the perineum and at the knee. The leg is now drawn into



H. F. 8 Years. L. H. D. Acute. June, 1910. Under Treatment. Short Spica

the position of abduction and overextension with slight traction to maintain this attitude. If flexion and adduction deformity are present they must in so far as possible be overcome and any rotation of the leg be prevented. Thus should ankylosis occur later the real shortening of the limb from destruction of the joint parts is masked and equalized by the necessary tilting of the pelvis, as the ankylosed leg is brought down parallel to its fellow in the act of locomotion. While this position of abduction and extension is being maintained by the assistant the plaster of Paris is applied and should extend from just above the pelvis to and partly including the knee. It is of importance to mould the cast very snugly over the iliac crests and around the condyles of the femur. This holds the pelvis and thigh firmly and prevents slipping of the spica on the body or any movement in the hip-joint or rotation of the thigh. The plaster is made thickest around the joint and in front of the body, to prevent breakage as it is well cut away here.

As soon as the bandages begin to set the patient is taken off the hip rest and while lying on a table, trimming is begun. The front part is cut out along its upper border to below the umbilicus, along its lower so as to expose the genitals and allow right-angle flexion of the healthy thigh. On the sides it is left high enough to encase the iliac crests well; behind, the buttocks are left exposed and the upper border is cut out far enough to permit as free a motion of the spine as possible. At the knee the front and back are trimmed away sufficiently to allow nearly right-angle flexion of the joint and free motion of the patella, but it should extend laterally well over the condyles. When the spica has fully hardened, which should take place in fifteen to twenty minutes, the free parts of the shirting are drawn over it and sewed together so as to completely cover it. The scratch band is now pulled up and down to test its freedom of motion and is then tied together over the spica; it should be used by the patient daily all around to insure perfect cleanliness of the skin under the bandage.

On account of growth and also to make observation of the progress of treatment certain, the spica is changed about every three months. Should it be found at these times that any vicious irregular position of the leg had not been fully overcome we employ more marked corrective abduction and extension while the spica is reapplied.

Fixation treatment generally extends over two years or more and its discontinuance depends upon what is revealed by the X-ray, together with the clinical findings.

Observation of the patient should be enforced for some time, even after cure appears complete.

During the progress of the disease and the time of treatment any of the following complications may arise:

1. Exacerbation of the local disease.
2. Abscess formation.
3. Rupture of pus sac externally with sinus formation.
4. Extension of the tuberculous disease to other joints.
5. Assumption of distorted position of the limb.
6. General cachexia, amyloid degeneration of internal organs and metastasis.

Should exacerbation occur, which is rather rare, rest in bed with complete fixation is indicated. As soon as possible a long spica is applied, including calf and foot also, only when the acute symptoms have subsided.

H. F. 8 Years. L. H. D. Acute. June, 1910. Under Treatment. Wearing Short Spica.

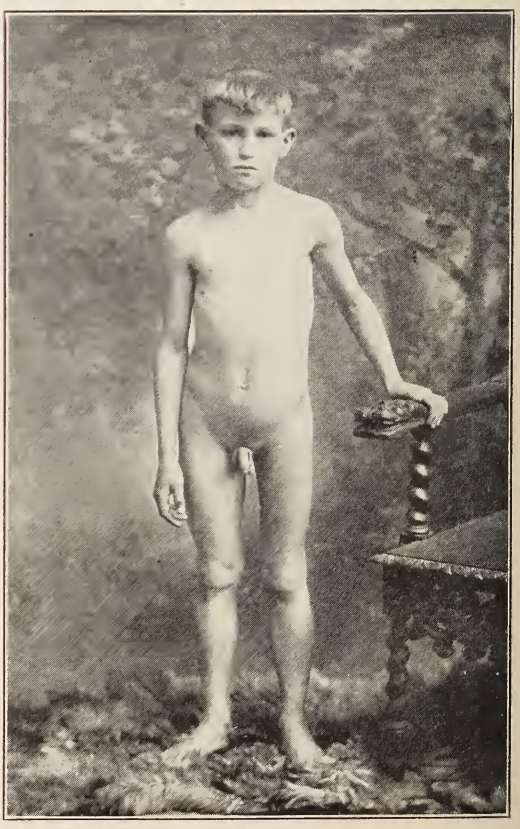
Should an abscess form, the protruding pus sac should be well protected, or full rest in the recumbent attitude with traction on the limb had—until its entire or partial recession—best be maintained. The pus is usually absorbed in time after the acute destructive process of disease causing it is controlled. On account of the danger of mixed infection and sinus formation, aspiration or incision are only indicated when the abscess is very large, ready to burst, or when extensive burrowing occurs, as the pus may extend to the periosteum of the femur causing tuberculous osteoperiostitis.

For the sinuses several methods of treatment have been employed, such as injections into them of iodoform, glycerine, balsam of Peru emulsion or bismuth paste. The latter has been reported successful often bringing about closure of the sinus and hastening repair in the diseased joint; but is found rather dangerous to life. The writter himself had generally used Peruvian Balsam emulsion if anything.

If some other joint becomes involved, which is rather rare, such treatment as is indicated for it must be employed.

Though distortion of the limb after careful fixation treatment is hardly possible, it naturally follows the cessation of untreated hip-joint disease; operative correction is necessary to overcome it.

General means must be employed to overcome the systemic poisoning of the disease: fresh air, sunlight, light wholesome diet and the administration of fats, such as are indicated in any tuberculous condition.



H. F. March, 1913. Discharged Cured. Free Motion at H. J. No Destruction.

The employment of the spica is very satisfactory. Abscess formation is rare. Bad results are usually good, the limb after recovery is firm, warm, very slightly atrophied and the knee and ankle-joint are well maintained. Contractions and distortions do not occur if the spica is always carefully applied; and though structural shortening may supervene, the apparent shortening is negligible. The time of recovery from the disease is rather shorter than that of traction brace treatment.

Finally, during the time of treatment the children are but slightly inconvenienced by the spica; their gait is rather good on account of the short leverage of the fixed portion of the body. They wear their clothes over the completed dressing, wear no high shoe and suffer no mental anguish through ridicule on account of undue clumsiness or distortion.

2 West 86th St., New York.

REST—NATURE'S REMEDY.

By Gordon K. Dickinson, M. D.
Jersey City, N. J.

Aesculapius chose for his symbol the snake of wisdom with its tail in its mouth. This is an inference that things end where they begin. Birth and death take us from and put us back into the same place—The Unknown. The beginning of medicine was simple and dealt with the simples. Man, in his imagination and conceit, developed not only numerous pathies but a poly-pharmacy. As education becomes more replete, as philosophy wanes and scientific knowledge develops, however, we are gradually coming back to simpler therapy and may, perhaps, end, or very nearly so, where we began, with the simples.

Take up the treatment of individual diseases or of wounds and their complications, have we not a repetition of this same historical fact? In the beginning we had nature's ways; then came the ways of different men, differently inclined, looking at conditions from different viewpoints; at last, when cures came, instead of relief, we found but the one way and so drifted back to the beginning.

The great object of medicine has ceased to be drugs and remedies in treatment, and has become the nobler and broader idea of obtaining from each tissue of the body the maximum amount of functional activity of which that organ is capable. Medical advice is not now given solely to those who are ill, but also to those who are indisposed and who have been tolerating minor complaints unnoticed, in order that through diet, discipline and encouragement of the various normal functions, the body may not only be restituted but that the maximum activity may be obtained. We do not go to the drug store as much as we used. The learned physician with a full knowledge of nature's working for a cure, endeavors to aid the processes by encouraging normal physiological activities.

Man's residence in the world very long antedates our profession. We have no doubt but that the dangers of life and the interference with health and happiness in the primitive ages were as great, if not greater, as at present, yet man has lived and propogated. As the old proverb puts it, "the worst symptom in the disease is the incoming of the doctor." Perhaps the greatest impediment outside of perverted civilization has been the intrusion of the unsophisticated but opinionated medical mind, past and present. When we observe as we do to-day the great number of self-confident physicians hunting for operative cases should we not infer that an equally great handicap existed in centuries gone by?

Fortunately, nature is all powerful and cannot be easily diverted or annulled. Nature's methods of cure are stronger, more reliable and more certain of success than the artificial and philosophical methods of man himself. The properties of the blood residing in the white-blood corpuscles and the serum are now so well-known that no one disputes them. The great blessing of pain, ringing the alarm and calling attention to abnormal conditions, is as well appreciated, but the value of rest, its importance and the necessity for it are not at times given their proper position in therapy. Unlike the others, rest is not automatic, and will-power, determination and careless habit may lead one to neglect the little warnings we have of its great need.

Nature has some inflexible laws—none more curious or difficult of comprehension than the diurnal changes in plant and animal life. It is, as it were, that we have in us the tendency to heliotropism, that we must follow the sun whether we will or not, and this impress is upon each and every tissue of the body. Ever positive condition is associated with a negative. Every light has its shadow. Every activity begets a demand for rest and nature has provided us with the means of same. What is more

comforting, what gives more gratification, what allows of larger possibilities for activity than sleep? Sleep is a mental act—a withdrawing of the psychic centers of the brain from contact with the automatic, at the same time the automatic portions of the body quiet down. During sleep the muscles lose their tonus almost completely. The heart beat is slowered. Respiration is easier. The stomach and intestines are not as active in peristalsis. The kidneys secrete less urea. The irritability of the bladder diminishes. All the secretions diminish, even the pathologic. Microscopic examinations of the nerve cells after prolonged activity show that they stain less easily and are smaller. During the period of normal sleep, the brain cells are able to appropriate that which brings about a restitution. There are those who can go without sleep for a considerable period, but the time does come when the loss of nerve tone has gone so far that there is a complete exhaustion and one either sleeps at his work or drops.

Wright claims that sleep is an important factor in the raising of opsonins. All clinicians look with great favor upon a "long spin of sleep"—giving much more encouraging prognosis where such occurs. The pneumonia patient who will sleep quietly and the diphtheritic child who sleeps thereby encourage the production of the various antibodies by the different tissues and through rest of the organ affected less vascular and lymphatic disturbance occurs and dissemination of the pathologic products is diminished.

Systematic regulation of the hours of activities and repose, as suggested by the diurnal variations in the body, is a means of obtaining the greatest output of cell work. He who is trained to "blow out his mind" at any time, as was Pepper, will have a long run of many severe and strenuous activities. Those who live by their brains have the greatest need for slumber. Children in rapid growth also demand it. The converse insomnia—the inability to sleep—the inability to "blow out one's brain" and stop thinking—is the greatest danger signal we have. It is but a step over towards the insanities.

The heart is supposed to be a structure that never rests, but the interval between heart beats in a heart normally called upon is sufficient for the rest it needs. Exercise, increasing the rapidity of the beats within proper limits, acts as a tonic. The greatest strain the heart can have put on it which interferes with its rest is frequent alterations in vasomotor tone. In illness, where the heart is strained, the additional strain of accomodation to alterations in the temperature of the body may be sufficient to turn the tide the wrong way. An equilibrium of temperature, whether cold or warm, should be maintained. The value of a sustained vasomotor tone without strain is demonstrated in the treatment of acute nephritis of scarlet fever, for instance, where if instead of applications the child be encased in flannel and oil-silk and not disturbed, body warmth will produce sufficient irritation of the skin, dilatation of its capillaries, and steady diaphoresis to relieve the renal condition and materially affect the prognosis.

There is not great vascularity of the affected portion in tuberculosis. Exercise stimulates the circulation in the neighborhood of the tubercular focus, washes out the toxins, and may have as a result rise in temperature, enfeebled appetite, emaciation and a progress of the disease. Through rest, the regional circulation being diminished, the blood is purified, appetite returns, and the general condition improves. We find, further, that in tubercular bone diseases, whether hip or spine, splinting and absolute rest are followed by recovery.

In many lesions nature herself endeavors to provide the splint. Look at the immense exudate in the pneumococcic lung, solidification and immobilization, so that respiration which has to be carried on will affect the diseased portion to a minor degree only. Take a case of pneumonia with less lymph but a serous exudate and we have a protraction of the disease. The more thorough the solidification, the more thorough the splinting and the better the prognosis. Little lymph, more serum, movement in the lung tissue, and an indefinitely protracted attack. The appendix, when inflamed and surrounded by lymph and bound in adhesions, tends to a recovery after its own way, but the appendix without lymph, disturbed by intestinal peristalsis, not being protected, may perforate and produce peritonitis. The plastic exudate in metro-salpingitis produces adhesions. The uterus is immobilized; does not move with respiration, and there is a minimum amount of pain and distress. If the exudate be absorbed and the uterus jogged by walking and breathing, then the uterine syndrome becomes more emphasized.

Rest leads to repair and repair to growth. All the viscera need rest. With the exception of the brain most of them manage to obtain it by some process of lymph ex-

udate, pain induced, or spasm of the muscle over the affected part adding to immobilization. The brain is somewhat different. Fortunately, the nerve of the brain membranes, the fifth, is part of the sympathetic system. It is allied to it, in a measure. Any injury, traumatism, or bacillemia occurring throughout the body sends its call up through the sympathetic to the fifth, resulting in headache, cerebral distress, and a desire for recumbency and rest. We seek a dark, secluded place. The light annoys us. Noises bother us. We want to get away from people. This is what we see so characteristically in the lower animals, to whom we are physiologically related.

He who reads aright will obey the call for rest when the head aches. He will, also, hunt up the cause and have it eliminated. To obtain the largest output from brain and tissues nature's remedy, rest, must be studied and sensibly applied. The intelligent man, particularly the professional, who works his brain over time, needs to get back to nature occasionally. His rest is to leave his professional work, his customary thoughts and mental strain and go where he can get the sunshine and breathe pure air—where he can be with the birds and wild animals and see the breeze blow through the trees. For the life of to-day is artificial, and as we are related physiologically to the lower animals, so we must live the life that they live in order to get that true permanent recuperation which we all desire and demand.

ACNE VULGARIS.*

By Clement J. Hailperin, M. D.,

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Etiology.—Acne vulgaris occurs between the ages of 12 and 25 years; that is, from puberty to adolescence, and corresponds to the period of sexual development and maturity. However, sexual irregularity, excesses, or total abstinence do not seem to have any favorable or unfavorable influence upon the condition.

Anemia is an important factor, particularly in the case of chlorotic girls. The deficiency in blood or in hemoglobin hinders the proper oxidation of the tissues, and the skin suffers in consequence.

Constipation is another important predisposing factor in helping to produce an acne or in aggravating an already existing case. Of course there are many exceptions to this statement. I know of many young folks, particularly girls, who are habitually constipated, but who do not show any traces of acne. In a general way, however, it may be said that intestinal stasis promotes the absorption of toxins, producing vasomotor disturbances in the skin.

Food is also an important factor. Large amounts of sugars and starches produce fermentation with absorption of irritating products. The ingestion of fats, particularly butter, is to my mind of great importance as a general cause. It has been shown that the various forms of fat taken into the body, after having been split in the intestines, are absorbed by the lacteals and built up again into fat closely resembling in composition the one ingested, and is deposited in the tissues. We know that butter turns rancid rapidly, and when large amounts of this fat are taken, this is deposited practically as such in the skin and skin glands, where upon mixing with various micro-organisms it readily breaks down with the production of irritating substances.

Among local or determining causes may be mentioned a hypersecretion of the sebaceous glands. Practically all cases of acne are accompanied or preceded by an oily seborrhea of the face and scalp, and as I have mentioned before, the oil in the sebaceous ducts mixed with epithelial detritus forms a good breeding ground for micro-organisms.

That micro-organisms play an important part in the production of acne has been definitely established. But whether it is one form of germ or several kinds is still in dispute. Unna, of Hamburg, found a bacillus in the comedone which he called acne-bacillus and which he believes to be the cause of the lesion. Later, Sabouraud of Paris took up the study of Seborrhoea and Acne and found a certain microbacillus in both these conditions. This germ is identical with Unna's Bacillus. Gilchrist has also described a bacillus which is present in the acne lesions. The germs described by these three men may be one and the same, although modified by culture media, etc.

Whether the acne bacillus is capable of producing pustules, or whether the addition of ordinary staphylococci is necessary is also not definitely settled. The staphylococci are constantly present upon the skin and in the sebaceous ducts, and it is fair to

*Read at a meeting of the Newark Medical League held March 3, 1913.

assume that they are a factor in the production of the lesions. Lovejoy and Hastings have shown that the acne bacillus may remain in the sebaceous glands indefinitely without producing any trouble and it is only when some of the predisposing causes begin to assert themselves that the acne condition is produced.

Pathology.—Acne vulgaris consists essentially of comedones, papules, and pustules. The comedone or blackhead occupies the mouth of a sebaceous duct, and is made of epithelial detritus, sebacious matter, ordinary dirt and the microbacillus. The dark color on the head of the comedone cannot be ascribed entirely to dirt. It is probably due to some pigment from the secretion.

The irritation produced by the micro-organisms upon a predisposed skin results in an infiltration around the sebaceous glands consisting of round cells leucocytes, connective tissue cells and giant cells. A small number of leucocytes in the infiltrated mass may result in a papule which may remain so indefinitely or eventually be absorbed while a large number of leucocytes with necrosis determines pustules and boils.

Treatment.—As we have seen from the etiology the predisposing causes are very important. It is therefore logical when we are going to treat a case of acne to eliminate as far as possible these causes.

Food.—This should be of the plainest kind. I don't believe in the so-called strict diet. There is no objection to lean meat if it is cooked or broiled, but I always forbid fried meats or any fried food. I think the less fats an acne patient absorbs into his system the better it is for his condition. Vegetables may be freely eaten and the patient should drink plenty of water as this helps to flush the kidneys and promote intestinal peristalsis. Cakes, pastries and all foods rich in sugar should be partaken of but sparingly. All articles tending to produce vaso-motor disturbances such as tea, coffee, alcohol, spices, etc., should be avoided.

Any tendency to constipation should be appropriately treated. I usually give a mild laxative such as cascara or phenolphthalein and once a week the patient takes ½ ounce of Epsom salts or any other saline. Rochelle salt or phosphate of soda will do just as well. The saline is taken with a tumblerful of water immediately on rising. This is followed one hour later by another tumbler of plain water. A good liquid movement is the immediate result with a thorough flushing of the bowels. In cases of marked constipation with increased indican, I advise high rectal enemas or colonic irrigation. I believe that the removal of toxic material from the bowel has a decidedly beneficial influence upon the acne condition.

There is no specific medication for acne. The indications must be met as we find them in each case. An anemia should be remedied as soon as possible. I usually give Blaud's pills, one or two three times daily, and I always prescribe the soft mass pills as they are more readily disintegrated. The organic iron preparations may be used, but I doubt whether they have any better effect than the ordinary inorganic preparations.

As a general alterative and tonic, arsenic deserves the first place. I give it as Fowler's solution beginning with three drops t. i. d., and gradually increasing the dose until the patient is taking ten drops t. i. d. Sulphur is advised by some, I don't believe that it has any but a mild laxative effect.

Calcium sulphide is a drug which has always been used in acne, boils and similar conditions. It is usually given in tablet form, ½ to 1 grain t. i. d. p. c., it probably has little influence upon the condition.

Of vaccine and the X-ray treatment I shall speak later.

Local Treatment.—The first step in the treatment is thorough cleansing of the skin, the removal of blackheads, and opening of pustules. Some patients become quite expert in the removal of the comedones. This can be done with a watch key, or better with a perforated curette. The little instrument called Unna's comedon extractor, is very handy and can easily be cleaned. If the patient cannot remove the blackheads himself, I have him come to my office at least once a week when I remove as many as possible at each sitting. It is important to remove these comedones, as sooner or later they become infected and produce a pimple or pustule. I open all or most existing pustules at the same sitting. The simple way is to open the pustules with a sharp pointed lancet or with an iris knife, and then pressing out the pus with the perforated curette. The application of the suction cup is also of great benefit in removing the pus and in bringing fresh blood to the skin. I then touch each spot lightly with the point of a tooth-pick dipped in phenol. There is no visible scarring left. These treatments have to be repeated a dozen or more times

dependent upon the severity and stubbornness of the case. For home treatment, in mild cases, I advise as follows: once a day, preferably before retiring, the patient washes his face with green soap and very hot water, rubbing the soap well into the skin and then washing it all out with plenty of hot water, followed by a little cold water. This removes the grease from the skin, and opens up the sebaceous and sweat ducts, thereby giving a better chance for the topical application of medicinal preparations. In order to still further promote the emptying of the sebaceous ducts, I advise the application of the suction cup to the face once or twice daily.

After the face has been dried, I have the patient use the following lotion, the so-called Lotio Alba:

℞ Zinci sulphatis
Potassii sulfuret aa ʒ 1
Aquae rosae q. s. ℥ 4

to this may be added 1 dram of sulphur. This mixture is well shaken and dabbed upon the face quite thickly, and allowed to dry. This sediment is left upon the face all night and washed off in the morning with ordinary soap and water, or if the skin is not too tender, green soap may be used. Patients who are at home most of the time can use this lotion several times daily, but it is not necessary to precede each application with green soap and water. The effect of the zinc and sulphur is an astringent and drying one. After a week or two, the skin will show a mild desquamation. This is decidedly beneficial as it helps to remove plugs of epithelium and other matters from the mouths of the glands and follicles. For some persons it may be necessary to increase the strength of this lotion. We may add 2 drams or even 3 drams each of zinc sulphate and sulphurated potash to four ounces of rose water.

Another lotion which I have found of great benefit is the so called Vleminck's solution. This is prepared as follows:

℞ Calcis, oz. ½
Sulphur sublimat., oz. 1,
Aquae destillatae, oz. 10.

This is boiled down to six ounces and filtered. The filtrate is then diluted to a 10 per cent. strength and used the same way as lotio alba. The strength can gradually be increased as the tolerance of the skin seems to indicate. This solutio Vleminck in 25 per cent. or 50 per cent. strength is very good for acne of back and shoulder region. With these two lotions used as I have indicated, we can usually vastly improve or practically cure a mild case of acne. Other lotions that may be used are the solution of bichlorid of mercury 1-2,000 up to 1-1,000 or a resorcin lotion 1 per cent. to 10 per cent.

We should remember that in changing from a mercury to a sulphur application, or vice versa, to be sure and entirely remove one of these drugs from the skin; otherwise we are apt to get an unpleasant black deposit of mercury sulphide.

When we come to the more severe cases, those with large pustules, and hard infiltrated papules, the so-called acne pustulosa and acne indurata, the treatment must be somewhat more heroic. Of course the blackheads must be removed, and the pustules be opened, and probably curetted, but instead of using the lotions, I apply a paste consisting of salicylic acid, sulphur, resorcin, or all combined with vaselin and green soap as the base. For example, as follows:

℞ Sulphur praecipit, ʒ2
Acidi salicylici, ʒ1
Petrolati
Sapo Viridis, aa ʒ4

or like this,

℞ Beta Napthol, ʒ2
Resorcin, ʒ2
Sapo Viridis,
Petrolati, aa ʒ4

This is rubbed into the skin at night and left on for one to three hours, dependent upon the irritation produced. The salve is then wiped off with oil, the skin is washed with water, and some bland ointment such as cold cream is applied for the rest of the night. After several such applications the skin becomes dry, hard, and cracked and then begins to peel. We then stop the applications of the peeling paste. Should the skin feel very sore we use a little cold cream once or twice daily. After desquamation is complete we will find that the new skin is clean and smooth and free from blackheads and pustules. But as the acne lesions have a tendency to return, this treatment may have to be repeated several times before we obtain a permanent result

Vaccine Treatment.—This is not the place to go into the theory of vaccine treatment. Suffice it to say that the injection of dead cultures of pathogenic bacteria is supposed to stimulate the production of corresponding antibodies and thus help the host to get rid of the infecting germ and its products.

Two kinds of vaccine are used, the autogenous and the stock vaccine. The autogenous vaccine is produced by growing the pustular acne bacillus or staphylococci or both found upon a certain skin, and then using the sterile dead culture on that particular person. The so-called stock vaccine for acne is made by taking a mixture of several strains of acne bacillus, and growing these on suitable media, or each strain is grown separately and the dead sterile cultures are then mixed, and after proper dilution are ready for use. Several strains of the staphylococcus albus, aureus and citreus are also used to produce a vaccine. This can be used separately or as is usually done at the large biological laboratories; it is mixed with the acne vaccine, and is given the name staphylo-acne, bacterin or vaccine.

From a theoretical point of view the autogenous vaccine is the best, because we are using exactly the same germ for treatment as is found upon the particular individual while the stock vaccines are composed of many strains of bacteria from numerous cases. In actual practice, however, we have found that it makes very little difference whether we use autogenous or stock vaccines. I begin with an injection of the combined staphylo-acne bacterin, the initial dose being 50 million staphylococci and 5 million acne bacilli. The site of injection is of no importance. I usually choose the upper arm. The needle should of course, be sterilized. The skin may be washed with soap and water, followed by alcohol, or just painting a little tincture iodin is sufficient. The injection is repeated about every five days, and it is not necessary to increase the dose as long as improvement is noticed, but in some cases the dose may not be of sufficient strength, and I then increase each dose by 50 million of staphylococci and 5 million acne bacilli until the patient is getting perhaps 200 million and 20 million bacteria respectively.

The acne bacterin does not seem to be so effective as the combined vaccine. Several months of treatment may be necessary before we get decided effects, but I can safely state that I have seen improvement in 60 per cent. of cases. Of course, there is no contraindication to the simultaneous employment of other remedial measures.

X-ray Treatment.—The effect of X-rays is to diminish the functional activity of the sebaceous glands. There is no germicidal effect whatever. This method of treatment is beneficial in many cases, but one must thoroughly understand the method of use and the effects of the rays upon the skin. I use a soft tube with very little current, just enough to produce a mild glow in the tube. The tube is placed about six inches from the skin and the rays applied for five minutes, to each side of the face. These applications are made two or three times weekly. I generally use the tube twice a week, as it is better to have the intervals between treatments a little longer. Too prolonged treatment, at each sitting, or too many treatments may result in an X-ray dermatitis or in a burn which is very painful and very difficult to heal. Telangiectasis and atrophy of the skin may also be the result of injudicious treatment.

I would advise that when we are using the X-ray treatment not to apply the strong peeling salves, as a dermatitis resulting from an X-ray exposure may be mistaken for that produced by the local application, and may lead to serious results.

To sum up the treatment with Roentgen rays, I will say that the physician must have considerable experience and use extreme care in deciding upon the length of each exposure, the interval between successive treatments and the number of such treatments.

Clinical Reports.

Torticollis Following "Mumps" and Associated With Bilateral Cervical Ribs.

L. H. McGavin, in the Proceedings of the Royal Society of Medicine, reports the case of a girl, aged eleven, who three months previously had an attack of "mumps," which lasted a fortnight and caused much swelling, not only over both parotids but "around the back of the neck." During resolution the patient's head began to assume its present position, the face being tilted upward and rotated to the left. A skiagram showed a well-marked but short cervical rib on both sides; these, however, give rise to no symptoms.

Suture of Artery in Infected Wound.

Dr. W. Danielsen, in Zentralblatt fur Chirurgie, Leipsic, reports this case. The stab in the shoulder wound was not only infected but a rubber tube had been wound around the shoulder to arrest the bleeding from the axillary artery and this constriction had been maintained for five hours. The arm was livid and of a corpse-like coldness, but notwithstanding this treatment and the suppuration of the wound, the young man had soon completely recovered, the suture of the artery having saved the arm.

Operated on Sixteen Times.

The New York Evening World recently reported the following item of news from Norfolk, Nebraska:

Back to the hospital for the sixteenth serious operation, City Clerk Harter will leave Norfolk within a few days to submit once again to the surgeon's blade. He returned a month ago after his fourteenth and fifteenth operations, both performed within a week, and now his stomach, portions of which have been removed on two different occasions, is giving him further distress and it is feared he must part with more of it.

More than twenty years ago Harter was shot in the leg and the leg was amputated several times, each time the knife getting a little closer to his hip, until now he has very little of the limb left. Since then he has been operated on for appendicitis, hernia, rupture, twice for ulcer of the stomach and once for obstruction of the intestines. Large portions of his stomach have twice been taken out and a few weeks ago in a hospital at Rochester, Minn., after part of his stomach had been cut away and he had been sewed up, his intestines became tangled and he had to go back under the anaesthetic again for the fifteenth time.

Despite his suffering Harter is one of the most cheerful men in Norfolk.

Metastatic Opthalmia Due to Pneumonia.

Dr. G. F. Cosmettatos, Athens.

Pneumonia may be complicated by ocular affections, e. g., hypopion keratitis, palsies, metastatic ophthalmia, purulent or not. The purulent metastatic ophthalmia is the most dangerous and frequently entails the loss of sight. After a review of literature, C. reports a case in a man, aged 32, affected with left sided pneumonia. The crisis came on the 7th day. Six days later the sight of the right eye was impaired. The eyeball was painful and projected from the palpebral fissure, with swelling of the lids and chemosis. The cornea lacked its lustre, the anterior chamber was filled with pus, the eyeball hard. This was enucleated the next day, and the patient was cured after two weeks. The histological examination revealed purulent chorio-retinitis, with purulent infiltration of the whole uvea, retina and vitreous, which contained typical pneumococci, as well as the cultures. It showed that the metastasis commenced in the chorioid, whence it reached the retina which could not be separated from the chorioid, starting the purulent infiltration of the vitreous, a very apt soil for the propagation of pathogenic micro-organisms. The presence of pneumococci in the vitreous proved that they were conveyed by the blood to the chorioid and elicited the suppuration of the eye.

Tubal Pregnancy—Serious Symptoms Without Rupture.

Dr. R. D. Purefoy, in the Dublin Journal of Medical Science, reports the case of a healthy young woman, aged 35 years, was married in February and menstruated regularly for three months. The intermenstrual periods were then shortened by two or three days. In September, after an interval of five weeks, she experienced severe pains and passed fluid and clotted blood per vaginam for a few days. Subsequently much internal soreness was felt, especially when being driven or "jolted" in any way. About three weeks later another attack of severe pain occurred, also attended with slight bleeing and at the same time micturition became frequent and was attended with difficulty.

On making a vaginal examination at this time the uterus was found driven downward and forward against the symphysis, and Douglas' space was occupied by a soft and exquisitely tender tumor. The pulse and temperature were normal, but the patient's appearance indicated a marked degree of anemia. Absolute rest in bed was prescribed and also a mixture containing iron and chlorid of calcium with small doses of morphin. Under this treatment steady improvement and relief of all the symptoms ensued, the only remaining sign of the illness, so far as the patient knew, being a brownish discharge, which persisted for several weeks. Early in December, 1912, the patient came under Dr. Purefoy's care. At this time the physical signs were much as already described and the state of general health was good. The brownish discharge still persisted, and a globular swelling, adherent to the surrounding structures, occupied Douglas' space. Purefoy advised an operation for the removal of the swelling and this was carried out a few days later. He found that the tube, distended with blood but still unruptured, formed the tumor in the pelvis, and when the adhesions were broken down its removal was easily effected, and was followed by an easy and satisfactory convalescence. In this instance the history and physical signs strongly suggest an extra-uterine pregnancy, in the course of which rupture of the tube took place, attended with serious loss of blood. On examination of the specimen no rupture could be detected, so that Purefoy concluded that the severe pain was due to distention and stretching of the tube by blood.

An Unusual Gestation.

Reported by Dr. J. K. Freeman, Louisville, in the Kentucky Medical Journal, Jan. 15, 1913.

In April, 1911, I examined, at the request of Dr. E. R. Montgomery, a young woman about 20 years of age, married, mother of one child seven months old. I found her suffering with some pelvic trouble and a fractured coccyx. After a conference with Dr. Montgomery and the family it was deemed best to send the patient to a hospital for sergical treatment.

April 17, 1911, in the presence of Drs. Montgomery, Underwood, Lillard, Borgman, Joe Casper, and Bizot, the anesthetist; assisted by Dr. Simrall Anderson, I opened the abdomen by a median line incision and removed the ovary and tube on left side entire, ligating with the usual transfixation ligature. The right tube was removed after ligation with a transfixion ligature, one arm of which was brought around the tube and tied at the cornu of uterus, the other brought under the fimbriae above the ovary was resected by a wedge-shaped incision and the tunica albuginea sutured over. The stumps of both tubes were sutured over with No. 1 plain cat-gut. The ligature used in tying being double No. 1 twenty-day cat-gut. After appendix was removed. the abdomen was closed in the usual way.

The patient was then turned on her side and a necrotic coccyx was removed.

She was put to bed and made a good convalescence. May 16 she left the hospital.

November 15 she came to my office. She had menstrated three times since operation; in June July and August, each time quite scanty.

I examined her and found the uterus was enlarged and palpated a small mass in the neighborhood of the right ovary. Saw her again in January, 1912, uterus still larger and quite tender. Saw her again in March, and made a positive diagnosis of pregnancy.

Dr. Montgomery reported to me that on June 3, 1912, he delivered her of a normal child, labor quite tedious and painful.

The operative history of this case presents no unusual features, but the gestation history is exceedingly rare. A case in which a woman about 400 days after both tubes, one entire ovary and the greater part of the other had been removed, gave birth to a normal child should be classed among the anomalies and curiosities of medicine.

Lymphatic Leukemia.

Reported by Dr. Frank Hinman, Spokane, Wash., in Northwest Medicine.

Case I.—A strong, German boy, of 19, came to the office of Dr. G. W. Roberts, on October 1, complaining of epistaxis. This had existed for over two weeks, during which time he had been unsuccessfully treated by two other doctors. His family and personal history are excellent. Severay days in the hospital with adrenalin applications, tight packing of the nares, etc., failed to check the bleeding. He had some diarrhea and intestinal cramps during this time.

On October 14 his appearance was most striking. He had a peculiar, waxy, yellow tinge of the skin and showed very little emaciation. He did not look particularly sick, but was extremely weak and had dyspnea, palpitation, vertigo, and edema of the legs. Some glands were palpable but the liver and spleen could not be felt. He had no purpura. The nose bleed continued and he died on the 21st.

The case presented real difficulty in diagnosis. The ratio of the white cells to the red (1 to 10), the differential count with over 9 per cent. non-granular mononuclears and the enlargement of the lymph glands point to an acute lympathic leukemia. But the peculiar, waxy pallor, the gastro-intestinal symptoms and the blood picture of a color index of over 3, of many megaloblasts and normoblasts, of polychromatophilia, of pronounced poikilocytosis and of variation in the size of the red cells with a majority of macrocytes point as clearly to a pernicious anemia. von Leube's term of "leukanemia" would seem to fit this case. However, the fact that this boy had always been well before the onset of nosebleeding, which was only 50 days before his death, would speak against a diagnosis of pernicious anemia, which is in almost all cases a disease of remissions. This case can be diagnosed as acute lymphatic leukemia with an intense terminal anemia. The prolonged epistaxis, the bone marrow already being diseased, is probably responsble for the pernicious type of the anemia.

Case II.—An active, successful physician, of 36, left November 1, feeling perfectly well, to attend the Surgical Congress, in Philadelphia. Two weeks later he had some throat trouble which led to the making of a leucocyte count and the discovery of a leukemic blood. During this week his blood was examined separately by three blood specialists of New York, all of whom pronounced it as typical of spleno-myleogenous leukemia, but found a complete absence of all other signs. The first week in December saw him at home actively engaged in his practice. When seen December 13 he showed no signs of the disease other than the blood and a slight pallor, but had begun to have some weakness. The last week in December he took to his bed with a high temperature and rapid pulse and he had some bleeding from the nose. His tongue became swollen and edematous and at time toward the end he was delirious. He died January 3. The glands had become palpable in the last week but the liver and spleen were not enlarged. Blood cultures made on the 2nd were negative.

The case was one of acute leukemia, but one hesitates to say whether myelogenous or lymphoid. The early diagnosis was clearly myelogenous, and such was the verdict of three blood specialists. But the day before death the blood showed over 86 per cent. non-granular, mononuclear cells and only 2 per cent. myelocytes. The counts on December 13 and 21 show a transition, a decrease in polymorphonuclears and myelocytes, with a proportional increase of the small and large mononuclears. The case is good evidence in support of Neuman's theory that one can draw no sharp distinction between so-called lymphoid and myeloid types of leukemia, but that all forms represent a primary disease of the bone marrow. It is unfortunate that autopsy was refused in both of the above cases.

Primary Pernicious Anemia.

Report of Case by Emmet F. Horine, Louisville, in the Kentucky Medical Journal.

Pernicious anemia was formerly a very rare condition but at the present time it seems to be on the increase. The cause for this apparent increase is certainly not given in the literature. The case here reported presented several interesting features.

Case, J. F., male, aged 53, American. Former occupation, molder; present, tobacco stemmer.

Family History.—Father died of carcinoma at the age of 68. Mother died of an unknown condition aged 58, after an illness of one year, during which time she was extremely weak and anemic. The patient had four brothers and four sisters, but of these only one sister is alive. Three of the brothers died of a condition suspected to be tuberculosis, each after an illness of one year, aged respectively 40, 33 and 22. The fourth brother died at the age of 56 of chronic nephritis after an illness of eight years. Three of the sisters died of a condition similar to that presented by three of the brothers, each being ill for about one year. The age at death was 54, 40 and 22. The surviving sister has always enjoyed fairly good health, although she is frail and anemic. The previous illnesses are unimportant, consisting simply of the acute exanthemata of childhood.

Subjective Symptoms.—Chief complaint, weakness. The present disease began about one year ago when the patient noticed that he was not so strong as formerly. During the past five months he has been getting weaker more rapidly. He complains of an occasional frontal headache; no appetite; slight insomnia; obstipation. During the last four months epistaxis has been troublesome. Has had no cough nor expectoration, although one physician diagnosed the condition as tuberculosis.

Objective Symptoms.—The patient is very anemic, although the adipose tissue is fairly well preserved. The skin presents a peculiar lemon-yellow color. The height is five feet and eight inches, weight 150 pounds. No abnormality of head or neck. Heart and lungs normal. Abdomen negative. The abdominal walls show a fair amount of adipose tissue. There was nothing abnormal with reference to the extremities and there were no palpable lymphatics. The pulse was 96, temperature normal and blood-pressure 100 m.m. hg. The urine was normal except for a trace of albumin. An examination of the blood showed the following: Hemoglobin, 28 per cent.; erythrocytes, 715,666; leucocytes, 10,600; color index, 1.97. The differential leucocyte count showed a lymphocytosis. The red cells were markedly distorted both in form and in size. Quite a number of large red cells with nuclei and a lesser number of smaller nucleated red cells were observed. The platelets were reduced in numbers.

Diagnosis.—Primary pernicious anemia. The patient was given liquor potassi arsenitis in increasing dosage. Improvement was noted and two weeks later a second red cell count showed 850,000 cells. The hemoglobin was now 30 per cent. and color index, 1.81. At this time, the patient was taking twenty-four drops of Fowler's solution three times daily and was beginning to exhibit the toxic effects of the arsenic. Therefore the Fowler's solution was discontinued and a tablet containing arsenic trioxid, gr. 1-40 and Blaud's mass, gr. 5, substituted. He continued to improve and went to the country before I was able to make a third examination of the blood. The improvement continued for two months and then he gradually began to lose ground and I am informed that he died four months later.

Remarks.—The family history of this case is interesting from the possibility of a family anemia. In the absence of reliable information, the possibility of the mother and three brothers and three sisters having died of essential anemia is of course highly conjectural. But it must be remembered that even with my patient, a previous diagnosis of tuberculosis had been made. This was ruled out by the physical examination and by the blood findings. It will be interesting to follow the future history of the single surviving sister.

Tumor of the Base of the Brain.

Dr. H. Climenko, at the meeting of the New York Neurological Society, February 4, 1913, reported this case:

The patient, a girl aged 9, came under observation Nov. 10, 1912. Family history was unimportant. The patient was delivered instrumentally and breast-fed. Teething occurred in the seventh month; patient began to speak and walk when about a year old. She attended school until her present illness, and was of average intelligence. She had whooping-cough at 4, and measles a year later.

For the past twelve months the child had suffered from unusual thirst and occasional vomiting, although these symptoms were not of sufficient severity to interfere with her regular school work. Urine was negative. About six weeks ago she developed an alveolar abscess of the right lower molar; the abscess was incised, and a few days later the tooth was extracted. On the following day, ptosis of the right eyelid was noticed, and two days later a similar condition developed on the left side. She began to suffer from intense headaches and profuse vomiting.

Examination showed a pale, emaciated child of normal size and good development. Her station and gait were negative. All the tendon-reflexes were increased; no Babinski; no clonus. The abdominal reflexes could not be elicited. No sensory disturbances. Smell was unaffected. There was complete bitemporal hemianopsia, with pallor of the optic disks. There was complete ophthalmoplegia of the left eye, and the right eyeball was drawn outward. Both pupils were widely dilated and failed to react to light and accommodation; the other cranial nerves revealed no abnormalities. The heart, lungs and abdominal viscera were negative.

The blood and spinal fluid were negative as to the Wassermann test. The roentgenogram showed a marked depression of the middle fossa of the skull, presenting a trough-like appearance, while the posterior clinoid process was pushed forward, narrowing the upper part of the sella turcica. With these findings, the diagnosis of a tumor of the base of the brain was established. The headaches and vomiting have disappeared completely for the past few weeks, but the child is extremely emaciated and totally blind. No other symptoms have developed.

Double Ovarian Papilloma.

Dr. John V. D. Young reported this case at the meeting of the New York Academy of Medicine, January 23.

The patient was 45 years old. She had been losing weight for two years, the total loss having been 29 pounds. She had suffered for the same length of time from an irritable bladder, and from abdominal pains for the past six months. An operation was performed July 17, 1912. The specimens removed showed multiple cystic ovaries on both sides with a papillomatous growth, the cysts with the papilloma making a mass in each specimen of 4 1-2 inches in diameter. The clinical diagnosis was confirmed by section which was shown. The patient had made an uneventful recovery from the operation and was at present in good health.

Hydronephrosis, Containing Twelve Quarts, Removed Through an Anterior Incision: Recovery.

Dr. John Van Doren Young reported this case, at the same meeting as the above, which was of unusual interest because of the size of the tumor. The patient had been suffering for fifteen years, although during this time she had continued at her work, that of a weaver. Her first symptoms, pain and severe gastro-intestinal symptoms, were diagnosed as appendicitis. The tumor reached its present size five years ago. Recently the patient had suffered from disability due to the weight of the tumor. From the size and shape of the tumor mass, which entirely filled the abdomen, a diagnosis of large ovarian cyst was made. There were no symptoms referable to the kidney or bladder. At the operation, which was performed December 3, 1912, the entire intestinal tract was found displaced to the left. The uterus and adnexa were normal. Ten quarts of translucent amber fluid were withdrawn by means of a trocar. An in-

cision was made in the posterior perineum and through the wall of the sac. The hand introduced into this cavity confirmed the diagnosis that the cyst was a hydronephrosis of the right kidney. The ureter and renal vessels were located and ligated, and the entire sac removed. It was estimated that two quarts more of fluid escaped during this process, making the estimated contents twelve quarts. The resultant cavity was drained through the lumbar region. The patient made an uneventful recovery. The diagnosis was confirmed by pathological examination.

Recurring Sarcoma of the Ovary.

Dr. Seeligmann, in Munchener med. Woch., March 25, reports a case of sarcoma that he extirpated which extended from the lesser pelvis (which it filled) to the vault of the diaphragm. Compressing the spine, it had caused a slight gibbosity. When the author first prepared to operate, because of the extremely forlorn state of the patient—to whom slight relief would have meant much—the outlook after preliminary laparotomy was so poor that he closed the external wound. Morphine alone gave some relief for the next week, after which a sudden improvement in the general state led the author to further attempts in the direction of prolonging life. From precedent arsenical remedies were first thought of and one of the newer synthetics was injected intravenously. The Roentgen rays were exhibited at the same time. The results of the combined treatment were astonishing. The growth slowly dwindled in size, and the general condition improved at the same time. An X-ray photograph showed that metastases had actually occurred in the last dorsal and first lumbar vertebræ, although the treatment had seemingly arrested their progress. Eight weeks after the inauguration of the treatment the patient was shown to the Hamburger Aertzliche Verein as practically well. The author, while admitting that equally desperate cases of sarcoma may have been cured in various ways, advocates the use of the same measures in all inoperable cases not only of sarcoma but of carcinoma as well.

Gunshot Wound of Abdomen.

Reported by Charles Farmer, M. D., Louisville, in the Kentucky Medical Journal.

On December 21, 1912, I was called twenty miles in the country to see a lady who had been shot. I operated on her about six hours after the injury was received. She had been shot with a 38-calibre Colt revolver, six inch barrel, steel jacket bullet. She had two bullet wounds. One entered the neck one inch below the lobe of the right ear, passed beneath the ramus of the jaw, across the mouth under the tongue, knocked off a small piece of the alveolar process of the lower jaw to the left of the symphysis, broke off the left lateral incisor and canine teeth and split the lower lip.

The other wound was a perforating one of the abdominal cavity, the bullet entering the back three inches to the left of the median line and four and one-half inches above the crest of the ileum, emerging in front three inches to the left of the median line. The bullet ranged slightly downward, the wound of exit being about one inch lower than the one in the back. She had bled a great deal externally from the wound in the back but this had practically stopped when I saw her. Her radial pulse was scarcely perceptible at times. She was not in a condition to be brought to an infirmary in the city. Feeling sure that some of the abdominal viscera had been wounded we thought it best to open the abdomen and ascertain what damage had been done. She readily agreed to this.

An incision was made in a line with the exit of the bullet at the outer border of the left rectus muscle. When the abdomen was opened two or three small blood clots were found in the cavity. I found a slight contusion on the inner side of the descending colon not of sufficient extent to need repair. After a further search I was unable to find any other injuries and closed the abdomen.

With the exception of a slight infection in the wound of the neck her convalescence was uninterrupted. The case is interesting to me in that a bullet could traverse the abdominal cavity at a point that this one did and produce no injury to the viscera that would necessitate repair.

This patient vomited no blood, nor was any blood in the stools and never at any time any hæmaturia.

Four Cases of Appendicitis Associated with Foreign Bodies.

Reported by Dr. J. W. Price, Jr., Louisville, in the Kentucky Medical Journal, Jan. 15, 1913.

Case I.—Diagnosis acute catarrhal appendicitis due to oxyuris.

Miss M. B., age 19. Family history was negative for appendicitis except one cousin. The patient has always been well until her present illness, which was first noticed in the summer of 1911 at which time she had an acute attack of slight abdominal pains, which passed off in a day. About Jan. 25, 1912, she had an attack of acute abdominal pain more severe than the first and was followed by slight nausea. Present attack began January 29, with sudden acute, sharp cutting pains, first all over the abdomen, around the umbilicus, and then localized in the right iliac fossa. It was followed by nausea and vomiting and sub-normal temperature. Later her temperature was 99°. January 30th and 31st pain increased associated with vomiting and then subsided for twelve hours. February the 1st, she had a more acute pain than at any time, with marked localized tenderness over the region of the appendix. There was no rigidity of muscles.

At operation, February 2nd, 1912, the appendix was found free of adhesions and showed just slight congestion of the superficial blood vessels. The tubes and overies and gall bladder were normal. We were at a loss to account for the severity of her symptoms but decided it would be best to remove the appendix. When the appendix was opened it was found to contin twelve live oxyuris. Some were partly buried in mucosa. The mucosa was swollen, congested and edematous. The parasites were examined by Drs. Tuley, Austin and others. Recovery from operation was uneventful.

Case II.—Diagnosis, acute intestinal appendicitis with ulceration of mucosa. Foreign body in the appendix, a piece of coal the size of a number 3 shot with a sharp point.

Mr. L. D., age 23, laborer. Patient had an attack of acute abdominal pain followed by nausea and vomiting which continued for three hours about three years ago.

Present illness began two or three weeks ago with an attack of severe, sudden, ramp-like pains through the abdomen. Pains were followed by nausea and vomiting and continued for several hours during one night. The physician who saw him at the time of his attack told him that he thought from the severity or the symptoms, the agonizing pains, that he probably had gall-stones and possibly was passing one. He returned to work the following day. Since then every few days he has had short, sudden cramping pains through the abdomen but he has continued at work. On October 10th, 1912, he had a similar attack to the others only the pains were more severe, also the nausea and vomiting. The attack began at 5 p. m., and continued during the night. The pains were most severe at first, in the region of the umbilicus then all over the abdomen and later localized in the right iliac fossa, especially about McBurney's point. He described his pain as being stabbing, very acute and then passing away and returning with equal violence. During the night the pain subsided somewhat in its severity. Examination showed tenderness and rigidity over the entire abdomen, but marked on the right side, especially over McBurney's point.

Operation October 11th, 1912, the appendix was found red, hard, infiltrated, congested but free of adhesions. When the appendix was opened a stricture of the lumen was found near the middle and the distal portion was filled with pus and imbedded in the mucosa was a piece of coal the size of a No. 3 shot with a sharp point. The mucosa and muscular tissue were congested, infiltrated and edematous.

Recovery was uneventful.

Case III.—Diagnosis, chronic appendicitis with ulceration of the mucosa due to two large grape seeds. Adherent bands to the appendix produced a kink in it.

Mrs. E. R., age 32. Family history is negative for appendicitis. Several members of the family have died of tuberculosis. Previous medical history—patient had an attack of appendicitis ten years ago, was ill ten days, temperature was as high as 103°. Had uremia in 1911.

Present illness began one year ago with dull aching pains in the right side, almost all the time. Sometimes the pain was more severe than at others, especially before and during the menses. Has backache, feels tired all the time. She has pain whenever she overeats. The diagnosis of chronic appendicitis associated with adhesions or bands about the appendix was made.

At operation November 29th, 1912, tubes and ovaries were found normal. The appendix was found kinked at the junction of the middle and distal third due to a band 3-8 of an inch wide at the appendix end and 1 1-2 inches wide where it was attached to the base of the cecum. The length of the band was 1-2 inch. A second band extended from meso appendix to the mesentery of the ilium. When the appendix was opened it was found that it contained a fecolith in the center of which were two very large grape seeds. The mucosa at site of the fecolith was smooth. Recovery was uneventful.

Case IV.—Diagnosis, chronic appendicitis associated with bands. Jackson's membrane over the cecum and ptosis of the ascending and transverse colon. Bismuth in appendix.

Mrs. F. M., age 36. The history of this case I will not go into. I merely wish to say the above diagnosis was made and before her operation it was partly confirmed by X-ray plates which Dr. Keith has kindly consented to show you to-night. Before exposing the plates the patient was given bismouth enemata. Some of the bismuth found its way into the appendix. I believe it is possible from these plates to diagnose the site of the band to the appendix. It resembles very much the appearance of the plates showing bands attached to the pylorus.

At operation the appendix was found distended with bismouth. There was a band extending from the cecum to the appendix and a Jackson's membrane over the cecum. This membrane had its origin at site of the band which ran to the appendix and it spread over the cecum in the shape of a fan. The ascending colon was found dipping down into the pelvis and actually flexed upward. The transverse colon extended obliquely toward the left side of the pelvis, then flexed acutely upward to the beginning of the sigmoid. This case is of interest to-night because of the presence of the bismouth subnitrate in the appendix. Recovery was uneventful.

Angulation of the Junction of the Hepatic and Common Ducts After Cholecystostomy, Simulating Common Duct Obstruction.

Dr. DeWitt Stettin, at a meeting of the New York Academy of Medicine, presented this case.

The patient was nineteen years of age, married, and had a child five months of age. For two months previous to her admission to the German Hospital on July 20 she had had frequent attacks of cramp-like pain in the right hypochondrium radiating to both sides and to the right scapula. The severe attacks were accompanied with nausea and vomiting. She had lost considerable weight during the past three months; her appetite was poor and bowels constipated. Examination showed great tenderness and some rigidity of the right hypochondriac region. There was a slight subicteric line to the conjunctiva. The temperature was 100.2 degrees F., pulse 84, respiration 20. The diagnosis was subsiding cholecystitis and cholelithiasis. On July 24 an incision was made through the rectus muscle. The gall-bladder was slightly congested, but not thickened. It was opened and found to contain three stones, which were removed. The ducts were carefully palpated and found empty. An attempt to bougie the choledochus was unsuccessful. As the gall-bladder was not much diseased a cholecytostomy was done by inverting the opened fundus of the gall-bladder over a drainage tube by means of a Lambert pursestring suture. The gall-bladder was then fixed to the abdominal wall by several sutures. Gauze drainage was inserted below the gall-bladder. On August 1 the tube was removed and the bile drainage stopped promptly. There was a mucopurulent discharge. From August 9 to 16 the patient had attacks of colicky pain and became slightly jaundiced. On August 17, the gall-bladder was reopened and a profuse biliary discharge was found. This continued together with clay-colored stools, and a diagnosis of common duct stone was made. On August 24, the old wound was reopened, and the contracted gall-bladder freed down to the cystic duct. There were no stones in the gall-bladder or ducts. The gall-bladder was removed and then the kinking of the hepatic choledochus angle was found. Through the stump

of the cystic duct there was a split into the hepatic and common ducts. A probe could easily be passed into the duodenum. The hepatic ducts were probed and found to be free. A tube was inserted into the hepatic duct for drainage. Gauze drains were placed to the ducts, the wound closed, and the angulation of the junction of the hepatic and common ducts was dilated and also the hepatic duct. There was some reaction after the operation, which was followed by a prompt recovery. There was poor drainage through the tube, but the dressings were saturated with bile. On August 30, the tube and drainage were removed, the stools were well-colored, and the wound was healing well. The wound was closed by September 17, and on September 28 the patient was discharged cured.

Dr. Hermann Fischer reported the case of a woman who came into the German Hospital with an acute cholecystitis with an empyema of the gall-bladder due to biliary calculi. As the patient was old and rather decrepit a cholecystotomy was done with removal of the stones. The patient made a good operative recovery, but the biliary fistula did not heal, and acholic stools persisted. She also complained of pain. It was thought that a stone in the common duct was responsible for the condition. On performing laparotomy again it was found that the common duct did not contain stones, but a kink was found in the common duct, a condition almost identical with that described by Dr. Stetten. Although her condition seemed to be a rare one, one must be on the lookout for it.

Abstracts from Medical Journals.

Dietetic Treatment of Cardiovascular Disease.

Dr. E. E. Cornwall, in a paper in the N. Y. Medical Journal, concludes that the most important thing in the treatment of cardiovascular disease is the regulation of the diet. The diet should be regulated so as to supply the maximum of nutrition with the minimum of work for the crippled cardiovascular system. Such regulation means the restriction of the quantity of food to the minimum health ration or less, and the selection of articles which met the indications presented by the kidneys, the liver, the heart, the gatrointestinal tract, and the general condition and habits of the patient. The diet in cardiovascular disease should be antiputrefactive, it should be to a large extent purin free, from it should be excluded the more fermentable carbohydrates, particularly cane sugar, it should be easy digestible, and it should be sufficiently laxative. The evening meal should always be a light one, and no food or drink should be taken near the time of sleeping. A prophylactic treatment of cardiovascular disease is possible, and consists largely in the regulation, according to the principles above laid down, of the diet of those whose family history or ways of life point to premature cardiovascular degeneration.

Rectal and Axillary Temperatures in Disease.

Dr. Poczobutt, in Wien. med. Woch. has an article on this subject. His conclusions are based upon 9,000 measurements of rectal and axillary temperatures in 2,200 individuals. Normally the difference between these temperatures ranges from 0.5 deg. to 1.0 deg. F. In cases of cardiac insufficiency the passive congestion of the more dependant parts increases this difference to from 1.5 to 2.5 degs. F. When the difference is high, in cases of infectious disease, the phenomenon is due to an impaired myocardium. It was most frequently found in influenza, very rarely, however, in scarlet fever. The author concludes from the latter observation that the toxin of scarlatina is a nerve rather than a heart poison. In abdominal disease, an abnormally great difference between the two temperatures occurs above all in diffuse peritonitis, being often over 3.5 deg. F. It is an early sign in appendicitis and is useful in distinguishing between intestinal obstruction and simple constipation. In uterine affections the difference is usually normal except in uterine hemorrhage, where it may be excessive. In nervous affections such as epilepsy, neuroses, neuralgias, migraine and the like, the axillary temperatures are sometimes found higher than the rectal.

Pneumonic Lesions; Non-Virulent Pneumococci

M. Wollstein and S. J. Meltzer state that the intrabronchial insufflation of a non-virulent pneumococcus causes, like the insufflation of a virulent pneumococcus, the development of an exudate in the lungs which, in general, leaves the framework unaffected, and the lesion presents the gross appearance of a lobar pneumonia. It differs, however, materially from the pneumonia produced by virulent pneumococci in the important points that the consolidation tends to a more rapid resolution, the disease is non-fatal, the blood is not invaded by the organism, and the exudate is strikingly poor in fibrin. As to the question which was the starting point for this investigation, namely, whether the pneumonic lesion produced by the streptococcus is merely a form of pneumonia caused by a less virulent organism, it may be answered for the dog, it seems, in the negative. The leucocytic infiltration of the framework of the lungs which occurs invariably in streptococcus pneumonia, and which is practically absent in the lesions caused by the virulent as well as by the non-virulent pneumococcus, is a strong enough feature to form a dividing line between the two forms of experimental pneumonia previously described.—Journal of Experimental Medicine.

Indurative Headache.

Dr. A. Maverick in the N. Y. Medical Journal, March 8, says that he finds that the diagnosis of indurative headache is easy when its frequency is kept in mind. It is possible to mistake the natural roughness of the occipital bone for indurations. Periodical attacks of indurative headache are often mistaken for migraine. In migraine, however, there are no sensitive muscular nodules, and between attacks the scalp is not apt to be sensitive to touch; furthermore, the pain when severe does not radiate down the back of the shoulders, and painful stiffness of the neck does not usher in an attack. The pain of indurative headache is not preceded by a sensitive aura, nor terminated by vomiting. Migraine almost invariably begins in early youth, but indurative headache usually arises in adults.

The commonness of unilateral headache and of ocular symptoms in migraine is also to be remembered. The final test is the treatment; the massage which cures most cases of indurative headache has so such influence on true migraine, and the cases of migraine that are reported as cured by massage are usually all cases of indurative headache. The two conditions may be associated, and muscular indurations may attack victims of migraine as well as others. These indurations (Muskelschwielen), as the name indicates, are composed of fibrous tissue thickenings; in early stages they are edematous and feel soft or elastic, but as the fibrous tissue contracts they become hard and dense. They arise in the muscle sheath and its proliferations into the muscle substance, also in the subcutaneous connective tissue, the condition being really more of a fibrositis than a myositis, strictly speaking. The underlying cause is apparently some nutritive change in the muscles involved, possibly an insufficient blood supply caused by the lack of exercise, or what some writers speak of as a rust of the tissues or premature senility of the muscles. The pressure caused by the contracting fibrous tissue on entangled nerves is apparently responsible for the pain.

Treatment of Cancer with Intravenous Injections of Colloidal Copper.

The following are the conclusions of a paper by Drs. Loeb, McClurg and Sweek, in the Interstate Medical Journal, December, 1912.

To summarize briefly, we may state that we are now able to cause the gradual retrogression of human cancer which until now has withstood various modes of treatment; and, furthermore, that the treatment does not seem to be limited to one kind of cancer, but applicable in the effective treatment of various kinds of cancer. Some cases which we have had under treatment for several weeks seem to be near a cure, all others are progressing favorably. A definite judgment on the ultimate outcome must still be suspended at present. Patients, in which the growth of metastases is very rapid and extensive, and in which the cachexia is already very pronounced, cannot yet be benefited by this mode of treatment. We hope, however, that the further investigations which we are carrying on, at the present time, will lead to a still wider extension of the applicability of this mode of treatment. In particular, we have made preparations to test the effect of this treatment on other cases of sarcoma, and also in psoriasis.

There are two more conclusions to which we wish to refer very briefly. In the first place, our provisional opinion, which was the starting point of these experiments—that many cases of human cancer might be more accessible to this mode of treatment than are rapidly growing mouse cancers—has been confirmed by our observations. Secondly, our experiments present very strong additional evidence in favor of the view which one of us has always upheld—namely, that there exist no essential difference between cancer of rodents and human cancer.

On account of this mode of treatment being still in the experimental stage, we advise that, in case it is followed, it be limited to institutions in which all means for scientific observation are available.

Aborative Treatment of Syphilis.

Dr. Voss, in the St. Paul Medical Journal, November, 1912, gives his views and experience of the effect of salvarsan and mercury administered energetically in the earliest stages of syphilis. Before embarking on his subject proper, the author indulges in a very severe attack on the general practitioner, who, he maintains, often fails to recognize a primary sore at a sufficiently early stage, and who thus allows the best time for successful treatment to go by. He is of opinion that every practitioner should be capable of diagnosing syphilis with certainty from a microscopical specimen stained with either Giemsa's or Burri's stain. He considers it unpardonable to wait for secondary symptoms to develop before starting the treatment. As soon as a suspicious sore or ulcer appears, he examines for spirochætæ, and if they are present, proceeds to give an intravenous injection of salvarsan, while the Wassermann reaction is still negative. The dose he injects is 0.4 gramme. After from ten to fourteen days he gives his first injection (intromuscular) of the mercury salicylate (dose 1 gramme divided among ten to fifteen injections). After a further pause of about fourteen days he gives the second salvarsan injection of from 0.4 to 0.6 gramme. He further considers it wise to have the patient under active treatment at the time when the secondary eruption might be expected—that is, about the seventh to the tenth week. Besides, he pleads for either the excision of the chancre or its destruction by cautery or hot-air cautery. His results have been highly satisfactory.

While Voss has treated a fair number of patients in this way, he only gives details of a comparatively small number, since the others did not remain under observation. In some he was able to carry out the full treatment as described above; in others the removal or local treatment of the sore was omitted, either because the patient refused or for some other reason; and lastly, in others he did not use mercury. Even these cases did well from the first, no secondary eruption appearing, and the Wassermann emaining permanently negative. He is, however, not inclined to advise this, since we do not know yet whether salvarsan alone can cure, whereas we do know that mercury can cure, and the cure with salvarsan and mercury combined is really abortive.

Surgical Pathology of Cancer.

Dr. Thomas S. Cullen, of Baltimore, read a paper before the Medical Society of the County of New York, March 24, 1913.

He emphasized the importance of co-operation between the laboratory man and the surgeon and believed that in the future all surgeons would be trained laboratory men. In abdominal surgery, if the surgeon was familiar with his pathology, it would give him a clew to the work he was called upon to do. While many investigators were trying to discover the cause of cancer, there were many others who were trying to get at an early diagnosis because no matter what the cause might be the cure of the patient depended to a large extent upon the early diagnosis. After briefly reviewing some of the chief varieties of cancer, Dr. Cullen said that in regard to cancer of the tongue it had been pointed out that the milky patches on the tongues of smokers, if removed at once, would result in no further trouble; if one waited with-

out interference carcinoma would develop. In carcinoma of the lip, if the radical operation was performed, the chances of complete cure were good. In carcinoma of the stomach pathology did not aid one a great deal. If one waited for the stomach washings of the characteristic lesions to make a diagnosis of cancer of the stomach it would be so late in the course of the disease that little could be done for the patient. The only thing to do was to make an exploratory operation in order to learn with what kind of a cancer one had to deal. The surgeon as well as the pathologist was aided by a fluoroscopic examination and this was destined to play a large role in the making of early diagnoses. If one were dealing with a carcinoma of the intestine, signs of obstruction appeared fairly early and more and more cases were now apparently cured by early operation. The pathalogy here was quite characteristic. Cancer of the rectum and lower sigmoid could be detected by the proctoscope, and by its use many early diagnoses were now made.

Surgery of the Spleen.

Dr. W. J. Mayo, in Surg., Gyn. and Obstet., March, 1913, reports that in twenty-seven cases of splenectomy performed at Rochester, there were two operative deaths (splenic anemia). The clinical diagnoses were: splenic anemia (5 showing Banti's syndrome), 18 cases; wandering spleen (recovered), 2 cases; tuberculosis (died in four months), pernicious anemia (?) (unimproved 2½ years) and cirrhosis of liver (death within six months, ascites), 1 case each; infectious (?) splenomegaly 4 cases. Pathologic findings in cases of splenic anemia: Lymphoid hyperplasia (lymphoma (?), 1; lymphosarcoma 1), 2 cases; endothelial proliferation (Gaucher type), 3 cases; chronic diffuse splenitis, 13 cases.

What Eugenics Does Not Mean.

Dr. M. Solomon, in an article on this subject in the N. Y. Medical Journal, Dec. 21st, argues that the object of eugenics is not only to provide for a child a clean heredity, but also to give it the best possible bringing up. For this reason he does not approve of separating euthenics from eugenics, as some are inclined to do, on the ground that euthenics stands for good environment and eugenics for good heredity. Although Karl Pearson has tried to read heredity, and heredity alone, into the definition of eugenics as laid down by Galton, the latter's definition of eugenics states that it is "the study of agencies under social control that may improve or impair the racial qualities of future generations either physicially or mentally." He does not prevent environment from inclusion under the term eugenics. It is the science of being well born and well bred. Good heredity and good environment are opposite in their effects, but strengthen each other, and each is essential for the proper development of an individual. Either without the other is impotent.

When you find acutely inflamed area arising spontaneously in the legs of persons with varicose veins, think of thrombophlebitis.—Bernays' Golden Rules of Surgery.

Reports from County Societies.

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The Atlantic County Medical Society held its April meeting at the Hotel Chalfonte, Atlantic City, Friday, the eleventh, at 8:30 P. M. The following members were present:

Drs. Bartlett, Bullock, Bew, Barbash, Carrington, Conoway, Charlton, Darnall, Dunlap, Davis, Guion, Garrabrant, H. T. Harvey, Hart, Harley, Ireland, Joy, Jonah, Lee, Marshall, Martin, Marvel, Rulon, Reynolds, Stewart, Snowball, Scott, Senseman, Salasin, Schmidt, Wescott and Werner.

The following visitors were made members and given the privileges of the floor for the evening: Drs. Hayes, Schumann, Gray, Dorrance, Fox, Brown, Clements and King.

Dr. Darnall opened the business meeting with a motion that a committee of three be appointed to confer with the Hotel Mens' Association relative to entertaining the Pennsylvania State Medical Society Saturday, September 27th. The committee was appointed as follows: Drs. Darnall (chairman), Stewart and Scott.

Committee on Hygiene and Sanitation moved that because of a recent local press editorial condemning sections of the code on sanitation prepared by Health Officer Guion for the city, that a communication be sent to the Mayor, endorsing the code as being ideal. This motion was carried.

Committee on Dissection reported progress.

Board of Censors reported favorably on the application of Dr. C. H. Canning and he was elected to active membership.

Dr. W. W. Fox presented a certificate of transfer from the Philadelphia County Medical Society, and he was accepted as a member of this society.

Dr. William J. Carrington, of Atlantic City, opened the scientific program with a paper, "An Unusual Case of Sarcoma."

Paper, "The Relationship Between Gastric and Pancreatic Carcinoma," by Dr. Edward S. Schumann, of Philadelphia.

Paper, "Intestinal Obstruction," by Dr. Frank D. Gray, Jersey City.

Dr. George A. Dorrance, of Philadelphia, opened the discussion and in turn was followed by Drs. Senseman, Darnall, Marvel, Westcott and Schumann. Dr. Gray closed the discussion.

BERGEN COUNTY.

Fred S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, April 8th, at 8:15 P. M.

In the absence of the president and vice-president, Dr. David St. John was elected to the chair. Twenty-seven members were present.

The regular order of business was deferred and Dr. R. H. Sayre, of New York City, gave a very interesting and instructive talk on "Painful Feet, Their Various Causes, and Appropriate Treatment."

BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The regular April meeting of the Burlington County Medical Society was held at The Metropolitan Inn at Burlington, April 9th.

In the absence of the recently elected Presi-

dent, Dr. A. L. Gordon, Dr. C. D. Mendehall, the Vice-president, occupied the chair.

Dr. Emlen P. Darlington, of New Lisbon, was elected to membership.

Drs. Georgie E. Whittaker, of Burlington and John Conroy were proposed for memberships.

Dr. M. W. Newcombe had arranged a very interesting and instructive program, which was carried out as follows:

"Specific Therapy in Tuberculosis, with a Review of Friedmann's Alleged Vaccine," by Albert P. Francine, Philadelphia, Pa.

"The Limitations of the Various Diagnostic Aids in Tuberculosis," by Dr. H. R. M. Landis, Philadelphia, Pa.

Dr. Newcombe was very fortunate in securing such able men as Drs. Landis and Francine to address the society, and the society was greatly benefited by their addresses.

Drs. Henry A. Cotton and H. B. Costill, of Trenton, Dr. W. H. Iszard, of Camden, and Dr. Edward B. Rogers, of Collingswood visited the society. The next regular meeting of the society will be held at Moorestown, June 8th, 1913. The usual dinner was served after the meeting.

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The twenty-ninth annual meeting of the Cape May County Medical Society, was held at the Hotel Bellevue, Cape May Court House, N. J., Tuesday, April 1, 1913, at 11 o'clock A. M.

President Margaret Mace, M. D., presided, with her usual grace.

Dr. Henchel Petitt, of Ocean City, was elected to membership.

The Society had the extreme pleasure of listening to an address by Dr. James A. Kelly, of Philadelphia, on "The Operative Treatment of Fractures with reference to use of the X-ray," and an address by Dr. Morris Booth Miller, of Philadelphia, on "The Non-operative Treatment of Fractures with reference to the use of the X-ray."

The addresses were strictly up to date, interesting and instructive, and were illustrated by a large number of X-ray photographs showing some unsatisfactory as well as good and perfect results. The addresses were delivered in a most pleasing and eloquent manner and Drs. Kelly and Miller were voted the thanks of the Society. An interesting feature of the occasion was the discussion of the addresses, opened by Dr. James Hunter, of Westville, N. J., who gave an able resume of fractures and recommended that an X-ray picture be taken early in all cases, and kept for self-protection, should a suit for malpractice be brought. The following officers were elected:

President, Dr. Clarence W. Way, Dennisville; Vice-president, Dr. Emlen Physick, Cape May City; Secretary and Reporter, Dr. Eugene Way, Dennisville; Treasurer, Dr. H. H. Tomlin, Wildwood; Permanent Delegate to the Medical Society of New Jersey; Dr. Randolph Marshall; Annual Delegate, Dr. Duncan Blake; Alternate, Dr. S. Dixon Mayhew; Censors, Drs. H. H. Tomlin, 1914; Isaac N. Griscom, 1915; Duncan Blake, 1916.

The Society adopted the recommendation of the Committee on Red Cross Medical Work of the American Medical Association and appointed the following "Committee on Red Cross Medical Work":

Drs. Clarence W. Way, Chairman; Eugene Way, Secretary; Samuel E. Ewing; J. Morgan Dix; Virgil M. D. Marcy.

An amendment to the Constitution was introduced making the fiscal year from January to December inclusive and changing the annual meeting to October.

At the October meeting the subject of "Mosquitoes" in all its phases will be the leading feature.

Doctor Allen J. Smith, Professor of Pathology and Tropical Diseases, in the University of Pennsylvania, and other eminent specialists will be invited to make addresses.

The wives of the members of the Society and the Cape May County Mosquito Commissions, will also be present, and a meeting of unusual interest is anticipated.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society held its annual meeting, the 97th of its long career, on Tuesday, April 1, 1913, at Oraton Hall, Newark, the President, Dr. Thomas N. Gray presiding. The minutes of the last annual meeting were read by the Secretary, Dr. Ralph H. Hunt. An unusually large number was in attendance, 261 being registered. Five scientific meetings had been held during the year: April 12th, to hear Dr. Wm. H. Park on Antitoxic Sera; December 3d, Capt. Phalen, U. S. A., on Typhoid Vaccination; January 21st, Dr. E. W. Caldwell on Radiography; February 25th and March 4th, Dr. A. C. Mandel, on Laboratory examinations in Diagnosis. Action had been taken in a resolution against "any change in the present law on County Commissions for Mosquito Extermination." Action had also been taken changing from now on the fiscal year which hereafter will begin January 1st, with the annual meeting in October each year; this to harmonize with the year of the State Society which begins in January, and to simplify the collection of dues forwarded to that society, and thereby, the receipt of the State Journal by new members, also facilitating the representation of the County Society at the State Conventions in June. The Legislative Committee reported action favorable to advancing the success of the medical bill on osteopathy at Trenton. Report was made of investigation on prosecuting, for illegal practicing, one Drexel.

The Treasurer, Dr. R. H. Rogers, reported: Balance from last year, $245.98; receipts during the year, $1,244; total $1,489.98. Paid to the State Society, $791. Other expenses, $454.25; total $1,245.25. Balance now on hand, $244.73.

The dues for the year will be $3.00, being $1.00 each for the State Society, the State Journal and our own expenses.

The Public Health Education Committee, Dr. Kathryn Porter, chairman, reported the best year yet in the three years of this committee's existence. The plan followed, though new and untried hitherto, as a means for reaching the people and also getting a welcome hearing, has proved to be all that was hoped, and even more in the size of some audiences. Dr. R. C. Cabot,

of Boston, addressed the Contemporary Club of Women, Dr. Dodge the Essex Trade Council, Dr. Jordan the Women's Club of Orange, and one of the members of the Committee the Y. M. C. A. Encouragement was given the propaganda of exterminating flies as put forth by the Boards of Health of the four Oranges. The Necrology Committee made no report. The Committee on Tuberculosis reported no activities beyond the passive help given the general movement in the community. The special Committee on Treatment and Care of the Insane and Feeble-Minded, Dr. Carl E. Sutphen, chairman, made a suggestive report covering the points chosen for investigation and asking for the continuance of the committee in order that it might have next year a definite report on some of the phases of this very perplexing subject much in need of reformation. Dr. Gray made the President's address on "Infant Mortality," a copy of which was asked for publication in the Journal. The Committee on Education, Dr. Lippincott, chairman, made a report covering the work done, which included mention of that of Dr. Wallhauser, ex-President, and the co-operation of a special committee of the Newark Board of Health. The chief emphasis was on the need of education in elementary principles of Biology, the problem mainly, how to do it. A resolution was introduced calling for a special meeting of the Society at an early date to discuss the question whether the condition of dairy products other than milk does not demand improvement, even legislation. A communication from the American Medical Association was read by the Secretary suggesting favorable action on co-operating with the American Red Cross Society by a committee to stand ready for emergency work in times of disaster or public need thus providing means of inter-action between public officials and the Medical Profession on such occasions. Such a committee was authorized. Five scientific meetings were directed for the coming year. The President nominated for Reporter Dr. F. W. Pinneo and for Annual Delegates to the State Convention Drs. R. H. Rogers, H. A. Sheppach, L. Schneider, C. A. Schneider, R. H. Scott, S. Shailer, C. E. Selvage, J. J. Smith, L. H. Smith, P. F. Sondern, E. W. Sprague, J. S. Stage, E. Steiner, C. E. Sutphen, Frederick Sutton, M. J. Synnott, C. A. Shureman, and as Alternate R. H. Hunt. On motion all of these nominations were concurred in and the Secretary so cast the ballot. For Permanent Delegates (to fill vacancies) Drs. C. E. Sutphen and W. S. Washington were elected. The following new members were elected:—making 28 received during the year; two moving away resigned:

Drs. Ernest H. McDede, Vera Schectman, M. J. Fine, Max Feldman, Raymond J. Mullin, Joseph Bolten, Morris A. Flower, Samuel Forstot, Franklin J. Tobey, I. L. Rettig, Henry B. Oertel and P. H. Edwards, of Newark; Dr. Sidney D. Pendexter of East Orange; Dr. Walter R. Tymeson, of Orange; Dr. Jacob S. Wolfe, of Bloomfield; Dr. George W. Davies of the Essex County Hospital for the Insane, Dr. H. E. Ricketts of the Essex County Isolation Hospital; Dr. P. H. Edwards.

The following officers were elected: President, Dr. E. Z. Hawkes; Vice-President, Dr. C. E. Sutphen; Treasurer, Dr. R. H. Rogers; Secretary, Dr. R. H. Hunt; on the Council, Dr. T. W. Harvey and Dr. J. T. Wrightson. The Auditing Committee reported the books examined and found correct. The Treasurer called attention to the age—97 years—and worn condition of his book and the risk to the value of such a record from fire and loss. On a motion to provide safe keeping for it either in the vaults of the Historical Society or a rented safe deposit vault of our own, whether to give it as an antique document to the Historical Society or retain title to it, wherever kept, there was much debate, with the final result that it was directed to be deposited in some rented vault and possession of it to be retained by this Society. After adojurnment the members remained for a social hour with refreshments.

The Eessex County Pathological and Anatomical Society held a regular meeting Thursday, April 10th, to hear Dr. John H. Larkin, of New York, in an address on a variety of lesions collected at the Metropolitan and City Hospitals, New York, illustrated by lantern slides photographed in natural colors, which were extraordinarily beautiful as photographs as well as instructive in pathology.

The William Pierson Medical Library Association, Orange, held a regular meeting Tuesday, April 8th, addresesd by Dr. Henry S. Williams, of New York, on "The New Mental Hygiene Movement.

The Newark Medical League were addressed by Dr. Samuel G. Gant on Monday, April 21st.

The Academy of Medicine of Northern New Jersey held a section meeting on Medicine Tuesday, April 8th, electing as chairman for the ensuing year Dr. W. S. Disbrow and for Secretary Dr. F. C. Horsford. The section on Surgery elected on April 22nd, for Chairman, Dr. F. R. Haussling and for Secretary Dr. John T. English; when also the section on Gynecology elected for Chairman Dr. B. W. Hoagland and for Secretary Dr. Edgar A. Ill. April 28th the section on Eye, Ear, Nose and Throat elected for Chairman Dr. T. W. Corwin and for Secretary Dr. R. C. Potter. April 16th at the annual meeting the foilowlng officers of the Academy were elected: For President, Dr. Gordon K. Dickinson; Vice-President (2 years), Dr. Julius Levy; Treasurer, Dr. H. J. F. Wallhauser; Recording Secretary, Dr. E. D. Newman; Corresponding Secretary, Dr. William Gauch; Membership Committee (3 years), Dr. J. Bennett Morrison; Library Committee (3 years) Dr. Frank W. Pinneo; Trustee (5 years) Dr. Charles L. Ill.

The Board of Health of Newark have perfected arrangements, long had in contemplation, for furnishing to the medical practitioners of the city (for use free to Newark residents) Typhoid Vaccine and, in a circular just issued, urge its use for prophylaxis in all cases of exposure, as, for example, on all members of a family where there is a case of typhoid. This new facility offered the profession is in line with good works which this Bacteriological Laboratory has long been doing, as in bac-

teriological diagnoses diphtheria, typhoid, and others and, notably, in providing a diphtheria antitoxin which has a well-deserved reputation for excellence. The clinic for the prophylactic treatment (Pasteur) of Rabies, which was written up by Dr. Tarbell in this Journal July, 1912, page 81, should be mentioned. The circular on Typhoid Vaccination issued by the Department of Health says: The value of typhoid vaccine as a prophylactic against typhoid fever is now so generally acknowledged by authorities that the Board of Health of this city has determined to supply the vaccine free of charge to physicians who desire to use it for immunizing residents of Newark.

The vaccine can be obtained at the bacteriological laboratory at the City Hospital, and will be given only to physicians who furnish the name, address and such other data as the Board may require regarding the person for whom the vaccine is required.

The Board has issued a circular, signed by Dr. H. C. H. Herold, president, and D. D. Chandler, health officer, as follows:

"Directions for the use of Typhoid Vaccine:

In order to produce a satisfactory degree of immunity, three injections of the vaccine are required. The interval between injections should be seven to ten days. The first dose for the average adult is 500 million bacilli, and the second and third doses consist of 1000 million each. For those employed in business successive Saturdays is a convenient time. The injection should be given subcutaneously over the deltoid. The injection should be given about 4 P. M., so that if a reaction occurs it will be during the night.

The probability of a reaction should be explained at the time of treatment. The injection causes some pain which quickly subsides. After a lapse of several hours a local and general reaction may develop. The local reaction consists of a red and tender area which may be several inches in diameter and local lymph nodes may be involved. The general reaction consists of headache, malaise and a rise in temperature. This, however, is absent in most cases and is severe in less than one per cent. of those injected and seldom lasts more than twenty-four hours.

The Board of Health has made a rule that a sample of the blood and also of the urine be furnished for examination before the first injection is given, as only persons in ordinary good health should be injected. It is recommended when one member of a family becomes infected with typhoid fever that the rest of the household be vaccinated immediately."

It has been said that the existence of typhoid epidemics affords an index of the stage of true civilization of a community; again, that typhoid is one of those diseases "which it is in the power of man to utterly banish from the race." If so, how well it behooves an enlightened people to know the value of a preventive treatment (supplementing, not replacing, hygiene public and private) concerning which such indubitable facts as Capt. Phalen, U. S. A., presented to the Essex County Society last December in an address recounting the results proved in the army. It has particular importance for Americans if, as we are told, the prevalence of typhoid among them exceeds that of dreaded Cholera in Russia or the ravaging Plague in India (McLaughlin of Marine Hospital Service) and "Of no other disease can we read as full a history from American sources alone" (Osler).

Dr. Oscar Teague, a graduate from the Newark City Hospital, who entered the Government service and did research work at Manila, P. I., has returned from the far east and visited his friends at a meeting of the Doctors' Club on April 21st. He and Dr. Richard P. Strong were sent from the Bureau of Science in Manila at the instance of the War Department and the American National Red Cross to assist, with other nations, in combating the dread plague which was ravaging Manchuria in the winter of 1910-1911. Their experiences were thrilling, especially from the standpoint of scientific research, not mentioning hardship and privation. The results of their work were published in the Philippine Journal of Science, B, Philippine Journal of Tropical Medicine 1912, VII, No. 3, and p. 255, and received wide notice, the Journal of the A. M. A. in an editorial January 11, 1913, giving great credit to their heroism and scientific skill. They worked with hastily gathered equipment that winter at Mukden amid a people superstitious and hostile to autopsies in the cold of a Manchurian winter with thousands dying very rapidly about them and danger of infection great, their own protection being masks and gowns specially designed; all of which Dr. Tague recounted to the interested attention of his hearers. It is to the credit of Newark, New Jersey, that she has so much of a share in high class work of such importance as that on plague which has been becoming pandemic during recent years and has now belted the globe so that it must soon be fought on our Atlantic seaboard as it has already appeared in ports on the gulf and in the West Indies.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The stated monthly meeting of the Hudson County Medical Society was held on Tuesday, April 8th, 1913.

Dr. F. D. Gray reported on the status of the osteopathic bill which is committee substitute for Senate bill No. 49, originally introduced by Senator Davis for the osteopaths.

The president read a letter from Dr. H. B. Costill, acting chairman State Legislative Committee. Dr. Strasser spoke on this topic.

Dr. F. D. Gray stated that some day he hoped to advocate the formation of a society of medical economics, and referred to the conditions at present existing in England, where the government is actually dictating the fees, etc., to be charged by the profession.

The secretary read a letter from the Public Welfare Committee of Essex County.

Dr. F. D. Gray, chairman of the Committee on Revision of Constitution and By-Laws, reported the progress made in this connection.

Four applications for membership were received and favorably voted on.

Under interesting cases, Dr. A. J. Bruder reported a boy three and a half years old who had measles three weeks ago and made an uncomplicated recovery. Five days ago the child had con-

vulsions. The temperature was low in the morning and high in the evening, and soon well marked meningeal symptoms developed, and as the child had been below par for two months, the assumption was that the cerebral inflammation was of tubercular type, and while the boy was still alive he was fast losing ground.

Dr. O. R. Blanchard told of a curettement on a child thirteen years old, who on menstruating for the third time was almost exsanguinated, having bled persistently for five weeks. He stated that a few years ago he had to perform a similar operation in a child of ten years.

He narrated an interesting condition in a woman who had been married over a year and whose husband stated that he had never been able to accomplish sexual congress on account of the pain which his wife averred the attempt produced. The woman refused any examination. She missed her menstruation, had morning nausea, etc., and came to term. Even then she would not permit an internal examination, but the intact hymen was in evidence. After a dose of pituritin, the child was delivered in thirty minutes.

Dr. M. A. Swiney described a peculiar cardiac case, following an attack of influenza, where a squeaky double rub could be heard. He was not clear as to the exact pathology but thought the condition was produced by an old pericarditis with adhesions.

Dr. A. Nelson cited a case to show the short time that may elapse between attacks of measles. A child had a typical eruption and all the classical clinical manifestations, at New Years. One week ago the little patient presented high temperature and he became suspicious of oncoming pneumonia, but very shortly characteristic measles cleared the doubt.

Dr. W. L. Pyle had recently seen a youngster who had measles two weeks ago with petechiæ all over the body. After the disease was apparently over, the child had over three hundred convulsion attacks, being in good condition five minutes after the seizure. The physician in charge had made a spinal puncture but only resulted in one drop of blood. When the case came to Dr. Pyle's notice the temperature was 99, and Kernig's sign present. A puncture about the twelfth dorsal brought forth about five drachms of what looked like poor blood, and the convulsions have been less frequent and less severe. An examination of the material aspirated, showed it to be a mixture of blood and spinal fluid, and a culture proved negative. The whole condition he thought was due to petechial hemorrhage into the spinal canal.

Dr. J. H. Rosenkranz mentioned that it was not well to always view some very bad cases from the pessimistic side. Much could be accomplished in apparently hopeless conditions by careful attention to nutrition, and hygiene. He detailed the history of a tubercular hip joint case with marked emaciation and completely crippled, who, despite wretched environment, was treated with fresh air and hypernutrition and is now able to attend school, and he had an equally good result in a child over three years old, whose urine was loaded with albumen, and so dropsical that it seemed almost a waste of energy to attempt anything. He detailed the importance of proper diet in these cases and emphasized the tremendous nutritive value of corn meal, quoting agricultural authorities who have proved it in cattle feeding.

Dr. G. H. Sexsmith spoke of a case of Volkman's contracture, on which he had recently operated, and thought that we often put splints on too tight, and thereby an injury to the muscles can be produced in twenty-four hours, resulting in terrible deformity. He recalled Murphy's axiom that if a fracture does not stay in place without too tight bandaging, it has not been properly reduced. Illustrating the difficulty often encountered in diagnosing abdominal conditions he detailed a case in a women where, after careful observation for thirty hours, a diagnosis of appendicitis seemed warranted, and operation was proposed and refused. The following day, the temperature which had been 103 dropped to normal and the patient is now entirely well.

Dr. A. B. Jaffin, in connection with the remarks of Dr. Sexsmith, thought of a case where the appendicular colic was caused by pin worms. He dwelt at length on the many throat cases of difficult diagnosis which had been seen recently, and showed where in one case alone the city could have saved about $40 for antitoxin, and urged that the Board of Health should make arrangements whereby culture work could be done for patients too poor to pay therefor.

Dr. W. F. Faison said that one doing surgery and using ether almost began to think that anybody could give it and nearly everybody take it. A recent experience in an appendix operation on a college student, where the young man's father was present, woke him to the realization of the fact that no matter how well it may have served the purpose there is still a possibility of its treachery. This patient, without any discernable cause, stopped breathing and required artificial respiration twice during the short time necessary to extirpate the appendix. He described the operation on a patient who had carried a large pus kidney for five months. He removed it through a midline incision. Eighteen days afterward the duodenum gave way, rectal feeding was instituted, and for three days nothing had passed through the sloughing intestine.

Dr. F. D. Gray recalled an almost similar instance to that of Dr. Faison, where he had foolishly permitted the woman's husband to remain in the operating room, and this had taught him a lesson not to permit relatives in the arena. He recounted two cases of liver cirrhosis, with a study of the salient symptoms and blood pressures, and made the point that in these cases where certain clinical data are evident, the presence of a low blood pressure means broken compensation, and is secondary to the stage on compensatory high figures.

Dr. Swiney called the members' attention to the rapidity with which an appendix can go bad. A man who had several slight attacks last year, was operated on within twelve hours after a decided seizure, and a gangrenous appendix found which ruptured during removal.

Dr. H. J. Bogardus did not believe that Volkman's paralysis was always due to the splints, but might be due to an injury of the nerves at the time of accident. He knew of fracture cases where no splints were used and yet the condition developed. He stated that Jones of Liverpool had devised a splint fitted to the deformity, which by a mechanism could be gradually straightened and thereby the correction of many of these cases effected.

"Cancer of the Colon," the paper of the evening, was read by Dr. Louis Franklin, and provoked an enthusiastic discussion.

This paper will be published later.

MIDDLESEX COUNTY.

Benj. Gutmann, M. D., Reporter.

The regular quarterly meeting of the Middlesex County Medical Society was held at the Hotel Klein, New Brunswick, April 16th, at 4.30 P. M.

It was the largest and most profitable meeting the Society has held in many years, with an attendance of at least three quarters of the total membership. Perth Amboy, New Brunswick, Metuchen, Milltown, South Amboy and Dayton were all well represented. Dr. Howard C. Voorhees, President of the Society, was in the chair.

The Society had as its guests Dr N. L. Wilson, of Elizabeth, and Dr. T. N. Gray, of East Orange, president and secretary respectively of the New Jersey State Medical Society, who made short addresses and encouraged interest in the State Society.

Announcement was made of the gift to the Society of the library of the late Dr. Ambrose Treganowan, of South Amboy. A committee was appointed by the chair to consider and report on the gift

Through Dr. D. C. English, an invitation was received from Dr. D. F. Weeks, Superintendent of the State Village for Epileptics at Skillman, for the Society to hold its June meeting at the village. Drs. English, Gutmann and Meinzer were appointed a committee to make arrangements.*

Drs. Ramsay and Henry, of Perth Amboy, were elected delegates to the State Society and Drs. Gutmann and Voorhees alternates.

Dr. J. C. Sullivan, of New Brunswick, was elected to membership, and two applications were received and referred to Committee on Ethics.

The main paper of the day was read by Dr. J. G. Dwyer, of New York City, on "Vaccines and Serums." Dr. Dwyer's paper was based on personal experience and on records to which he had access.

Dr. Dwyer was of the opinion that vaccines were of little value in the acute infections, such as septicaemia, erysipelas, etc. That their greatest effect was shown in more chronic conditions such as chronic suppurative otitis media, acne, empyema, etc. He held that, because of the variations in the characteristics of apparently the same group of bacteria, stock vaccines were of little or no value with the possible exception of tuberculin. The tubercle bacillus not showing such wide variations.

His experiences, as given, were based on the use of autogenous vaccine, which should be used in most instances if benefit was to be expected. His description of the use of the so-called leucocytic extract, as prepared by the late Dr. His, was highly interesting and promises to be of great value in certain of the acute infections such as Septicaemia, and Erysipelas and others attended by marked leucocytosis.

Dr. Dwyer has used the leucocytic extract in ten cases of erysipelas and its use was followed by results such as has been shown by no other method. After administration of the extract the general improvement was immediate and in none of the cases did the acute symptoms persist for longer than three days.

The paper was dicussed by Drs. Wilson of Elizabeth, Gray of East Orange and Donahue of New Brunswick.

After the meeting a dinner was served and a pleasant social session enjoyed by all present.

*This visit will take place June 4, 1913.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The regular meeting of the Passaic County Medical Society was held in the Braun Building, Paterson, Tuesday, April 8, 1913.

The report of the Board of Censors was read and accepted.

The following amendment to the by-laws was introduced: "Every legally registered physician residing in Passaic County and having been actively engaged in private practice therein for one year, immediately preceding the application, and who is of good moral and professional standing, shall be eligible for membership. The society, however, reserves the right in all cases to judge of the qualifications of persons applying for membership."

The following papers were read: (1) "Eugenics," Dr. O. R. Hagen; (2) "Fads and Fallacies in the Treatment of Acute Gonorrhea, in the Male," Dr. C. R. Mitchell.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The annual meeting of the Somerset County Medical Society was held as usual at the Ten Eyck House, Somerville, Thursday, April 10. There was a goodly attendance of the members present, and a number of invited guests, among whom were Dr. John Ward, formerly at the head of the State Asylum at Trenton, and an honorary member of the society. Dr. W. A. Clark of Trenton, the district councilor, Dr. Lathrop of the Morris County Society, Drs. Tomlinson, Van Horn, Carman, Murray, Anthony, Currie of the Union County Society, and Dr. Resenger of the new Sanatorium at Belle Mead, whose application to the society for membership was later in the day received. The usual routine business was transacted, and showed the society to be in excellent shape, and keenly alive to the interests of the profession. By-laws were adopted changing the date of the annual meeting from April to the 2nd Thursday in October. The work of the committee on Public Education in medical matters, of which Dr. Graft is chairman was favorably commented upon and the committee was continued for another year, similar action was taken in regard to the committee on legislation. The treasurer reported a balance of some $83.00 in the treasury. The election resulted in placing the old officers again in the chairs with the exception of the Secretary, who tendered his resignation owing to pressure of work elsewhere, and whose resignation was regretfully accepted by the Society. Dr. Lancelot Ely, of Somerville, was elected to the vacant post. The paper of the day was then read by Dr. P. J. Zeglio, of North Plainfield, proved an interesting and profitable one, the subject being "The Diagnosis and Treatment of Gastric Ulcer." Following the paper the annual dinner, served by the genial proprietor of the Ten Eyck House, Ross Lake, was enjoyed by all.

UNION COUNTY.

George Knauer, M. D., Reporter.

The regular meeting of the Union County Medical Society was held at the Elks' Club House,

Elizabeth, Wednesday, April 9, at 8:30 P. M., Dr. C. H. Schlichter, president, in the chair.

Dr. J. P. Reilly presented two cases of resection of the stomach. The patients, both male, are apparently well, strong and relieved of symptoms a year after operation.

Dr. E. B. Grier reported a case of meningitis which was very rapidly fatal.

Dr. T. F. Livengood reported a case of scarlet fever which presented some difficulty in diagnosis.

Dr. A. Stern reported a case of melena neonatorum in a child three days old, with recovery after the injection of human blood serum.

A communication from the State Secretary, Dr. Gray, was read regarding dues owing to the change in date of the annual meeting.

Dr. G. M. Guidi, of Elizabeth, was proposed for membership.

Dr. R. G. Savoye, of Westfield, was elected a member of the society.

Dr. T. F. Livengood gave a report on the Osteopathic and Owen bills.

Dr. John Runnells read a very instructive paper on "The Three Stages of Pulmonary Tuberculosis."

The paper was highly appreciated by all present and was discussed by Drs. Bunting, Pierson and Stern.

Local Medical Societies.

Atlantic City Hospital Clinical Society.

Reported by Byron G. Davis, M. D.

The Atlantic City Hospital Clinical Society held its regular monthly meeting in the board room of the hospital Wednesday evening, April 16th. After the usual transaction of business Dr. A. Burton Schimer read a very interesting paper on "The Tolerance of Morphia." In the course of his paper Dr. Schimer reported a case of locomotor ataxia where 147 grains of morphia were taken in 24 hours. Dr. W. P. Conaway reported a case of brain abscess and made a few remarks on "Use of Quinine in Urethritis." Dr. William Schmidt reported an exceptional case, os sepsis.

Associated Physicians of Montclair and Vicinity.

Walter B. Mount, M. D., Secretary.

At the regular meeting of The Associated Physicians of Montclair and Vicinity held on the evening of March 24th at the Montclair Club, "The Value of the X-ray as a Diagnostic Agent" was ably presented by Dr. William H. Dieffenbach, of New York City. Dr. Dieffenbach threw on the screen over one hundred excellent plates of various conditions, including many bone plates, inflammatory conditions, fractures, and bone tumors, foreign bodies, renal and biliary calculi, aneurism, pulmonary tuberculosis, and the abdominal viscera following bismuth meals or enemata.

Among the bone plates were some old fractures, undiagnosed without X-ray. The difference between osteoma and sarcoma was distinctly shown—the former being an outgrowth, the latter entirely within the periosteum. The peculiar thickening of the periosteum in syphilis was shown, also the very dense bones of congenital syphilis. Dr. Dieffenbach pointed out the characteristic lesions of gonorrheal arthritis, faint epiphiseal ends with small dense areas through the bone.

The special localizer for foreign bodies is very practical. It consists of a piece of wire netting with strands removed at intervals, which is included in the X-ray plate; then it is replaced on the part in question in the position it occupied when the picture was taken. The squares are then counted off on the plate and on the patient and the position of the foreign body plotted out. Cholesterin gall stones cannot be diagnosed by the X-ray.

Dr. Dieffenbach declared that pulmonary tuberculosis could be detected earlier by a good plate than by the ordinary physical signs, and that a large proportion of lungs show evidences of present or past tuberculosis. For work on the abdominal viscera he used the subcarbonate of bismuth to avoid nitrate poisoning from bismuth subnitrate.

The talk was enjoyed and marked with appreciative attention of the 30 members present. The scientific session was followed by a buffet supper and social hour.

Next month Dr. Elsworth Eliot, of New York, will read a paper on "Conditions Simulating Appendicitis."

Morristown Medical Club.

Reported by E. Moore Fisher, M. D.

A large number of members and guests gathered at the home of Dr. L. L. Mial, at Morristown on the evening of March 26, 1913, to hear Dr. John B. Deaver, of Philadelphia, read a paper on Prostatectomy before the Morristown Medical Club. Dr. F. W. Flagge, of Rockaway, presided.

The doctor said that in most cases he preferred the supra public route for all operations unless this was contradicted by such conditions as immobility of the growth, malignancy or gonorrhoeal infection; this route also gave the best chance for drainage and rendered least likely a permanent fistula.

The anesthesia of choice he thought was ether, through spinal anesthesia was frequently advisable.

The doctor laid great stress on the care during the pre-operative stage, when the patient should in most cases be treated as follows: The introduction of an elastic self-retaining catheter, to allow voiding urine with little chance of retention with its debilitating effects; the inhibition of large quantities of water to flush and stimulate the kidneys and frequent careful cystoscopic examinations. The doctor described the operation he performed as being done in the Trendelenburg position with the bladder distended with water. The prevesical fat should never be torn, but cut through and any bleeding veins tied; this clear cut, instead of tearing through the fat, was to avoid any pockets which might easily become infected. The mucosa was then cut in a circle around the prostrate and the gland shelled out with the fingers. The cutting of the mucosa was done to avoid any mucous membrane hanging over the urethral orifice, and acting as a valve when urine was voided. If there was much hemorrhage, the cavity was packed with gauze held in place with a purse string suture; a large drainage tube was inserted, which was placed at the upper end of the incision.

The patient should never leave the table until satisfactory siphonage was established.

During convalescence frequent washing of the bladder is necessary; this can generally be accomplished by introducing water from a syringe at the meatus which would flow out from the drainage tube; if the flow was obstructed a soft rubber catheter should be passed.

The early passage of sounds was often injurious, and apt to be followed by a rise of temperature, and should be avoided until the patient was well advanced towards recovery.

The most serious complications were septic infection, hemorrhage and uraemia; septic infection was often ushered in by hiccough and nausea and early interference was necessary. The best methods were washing out the stomach, purgative and hypodermocysis; the use of spartein, caffein, digitalis and nitroglycerin were at times advisable. Hemorrhage necessitated anesthesation and the tying of blood vessels.

The things to be considered in regard to operations were the age of the patient and his expectancy of life, the amount of residual urine, which if large was an indication, as were hemorrhages or uraemic attacks.

Frequently catheter life was continued for many years, but might be the means of changing a benign growth to a malignant one, because of the continued irritation, or be followed by an acute septic condition if aseptic precautions were not carefully followed, with frequent bladder washings.

The doctor cited numerous cases and said that those which helped him to be successful were those in which unforseen complications occurred. He also said that between 30 and 35 per cent. of all men over seventy years of age had trouble with the prostate, though about 14 per cent. of these did not require prostatectomy.

Among the visitors who joined in the discussion were Dr. Robert H. Hamill of Summit, a classmate of Dr. Deaver's, Dr. Edgar B. Grier of Elizabeth, and Dr. John C. McCoy of Paterson.

Dr. G. H. Lathrope, Dr. F. H. Seward, Dr. S. C. Haven, Dr. G. H. Foster, Dr. B. D. Evans, Dr. A. A. Lewis and Dr. G. L. Johnson, members of the club, joined in the discussion and asked questions as to treatment in certain cases, the advisability of electrical and X-ray treatment, as to what premonitory symptoms had been observed and if there was any preventive measures or means by which the condition of enlarged prostate could be checked if a tendency to enlargement was observed early.

Practitioners' Society of Eastern Monmouth.

Reported by W. B. Warner, M. D., Secretary.

The Practitioners' Society of Eastern Monmouth held their regular monthly meeting at the "Metropolitan Hotel," Asbury Park, on the evening of the thirteenth of March. Eighteen of the members were present. The Society upon this occasion were the guests of Dr. R. S. Bennett (who is the Mayor of Asbury Park), and Dr. W. A. Robinson of Ocean Grove. The meeting was a very successful one from all points of view.

Dr. B. E. Failing of Atlantic Highlands read the paper of the meeting, his subject being "Jaundice." The discussion was opened by Dr. Joseph T. Welch of Long Branch, and Dr. D. D. Hendrickson of Middletown.

After adjournment the members were served with refreshments in one of the Metropolitan's private dining rooms.

A committee consisting of Drs. W. K. Campbell, H. B. Slocum, and W. A. Robinson was appointed to arrange for the society's annual banquet which will take place on the second Thursday in June. The place has not yet been decided upon.

At the February meeting which was held at Dr. Field's home at Red Bank, Attorney General Edmund Wilson, who is an honorary member of the society, delivered an oration upon the death of Dr. W. S. Whitmore, who was one of the society's charter members.

Three new members have been added to the society's roll since the Annual meeting in October last.

They are Dr. Stanley H. Nicholls of Long Branch, Dr. Earl Wagner of Asbury Park, and Dr. Walter P. Havens of Farmingdale.

Other Medical Societies.

Society of Surgeons of New Jersey.

George N. J. Sommer, M. D., Secretary.

The Society of Surgeons of New Jersey met in Newark, N. J., April 2, 1913, with 39 members in attendance. The work of the Society is entirely clinical. The program was as follows:

St. Barnabas Hospital, 10. A. M.

Dr. Edward J. Ill, Clinic on Vaginal Operations:

1. Vaginal Fixation and Perineorraphy.
2. Amputation of Cervix, Perineorraphy.
3. Dilatation and Curettage; Perineorraphy, Ill-Gilliam round ligament suspension.

Luncheon at 1 P. M., at the Essex Club as guests of the Newark members.

St. Michael's Hospital, Dr. J. F. Hagerty Surgical Clinic:

1. Adenectomy for Tubercular Cervical Glands.
2. Skin-grafting for Leg Ulcer; demonstration of the Murphy wire cap dressing.

Dr. Charles L. Ill; Gynecological Clinic:

1. Dilatation and curettage, and Ill-Gilliam round ligament suspension.
2. Supra-vaginal hysterectomy for Uterine Fibroids.
3. Strangulated Inginual Hernia.

Newark City Hospital, 4. P. M.,

Dr. Carl E. Sutphen:

1. Partial Gastrectomy, for Saddle-back Ulcer of Stomach.

Dr. H. S. Martland: Demonstrations of Pathological Specimens:

Dr. F. R. Haussling, Demonstrations: 1. Giant-cell Sarcoma of Tibia.

2. Cases to illustrate Steinmann's extension apparatus in Fractures.

3. Case of Henoch's Purpura with Intussusception.

Dr. S. A. Twinch:

1. Case of Sarcoma of Humerus and Pathological Fracture.

2. Four cases of Albee's operation of Bone Transplantation for Pott's Spinal Disease.

These Clinics were followed by a Banquet in the evening at the Essex Club. A short scientific session was held when Dr. John Taylor, Asbury Park, reported on the clinic of Dr. C. L. Ill; Dr. F. D. Gray, Jersey City on Dr. J. F. Hagerty's clinic; Dr. W. H. Carroll, Passaic on Dr. E. J. Ill's clinic and Dr. G. N. J. Sommer on Dr. C. E. Sutphen's clinic.

An invitation is extended to all the visiting surgeons of the Incorporated Hospitals of New Jersey to join this Society. Application blanks may be had by applying to the Secretary.—Dr. G. N. J. Sommer, Trenton, N. J.

American Medical Association.

Minneapolis, Minn., June 17-20, 1913. President, Abraham Jacobi, M. D., New York City; President-elect, John A. Witherspoon, M. D., Nashville, Tenn. Dr. Philander A. Harris, Paterson, N. J., is First Vice-president.

American Pedriatic Society,

The twenty-fifth annual meeting of the American Pedriatic Society will be held in Washington, D. C., May 5 to 7. The sessions will be held at the New Willard. Dr. John Levett Morse, Boston, is president, and Dr. Samuel S. Adams, Washington, secretary.

American Society of Tropical Medicine.

The tenth annual meeting of this society will be held in the Hotel Bellevue, Washington, D. C., May 6 to 8, Dr. E. R. Stitt, president. There will be a general discussion on "Is the Importance of Intestinal Parasites in Tropical Pathology Exaggerated?"

American Academy of Ophthalmology and Otology.

The next meeting of this organization will be held at Chattanooga, Tenn., October 27-29, 1913.

International Purity Congress.

The Seventh International Purity Congress will be held under the direction of the World's Purity Federation at Minneapolis, November 7-12. The program will include discussions on the annihilation of the white slave traffic, the suppression of public vice, instruction in sex hygiene and social, civic and moral reform.

Drainage Congress Investigation of Malaria.

A commission was organized at St. Louis April 11th, as a department of the National Drainage Congress, to report at next year's Congress a plan for a systematic campaign to stamp out malarial diseases. Dr. Oscar Dowling, of the Louisiana State Board of Health, was appointed chairman. Dr. William A. Evans said that malaria could be eradicated from the United States in five years and that the extinction of the mosquito would add $10 to the value of every acre of land in the South.

A thought, good or evil, an act, in time a habit, so runs life's laws; what you live in your thought-world, that sooner or later you will find objectified in your life.—Ralph Waldo Trine.

Miscellaneous Items.

Commission to Consider Fuller Provision for State Defectives.

A joint resolution was adopted by the Legislature providing for the appointment of a commission, and a sum of $2,500 was provided to defray the expenses of its work. This commission is empowered to investigate the subject of public provision for the care, custody and treatment of mental defectives in this State. It is to determine to what extent the present public provision for the insane is inadequate and what additional provision is immediately necessary with reference to further provision in the near future.

Lectures on Tropical Diseases.

Dr. James A. Nydegger, Surgeon U. S. P. H. S., has been giving a course of lectures on Tropical Diseases in College Hall University of Maryland, Baltimore. These lectures have been largely attended by students and physicians and are open to members of the profession generally. They have been given each week this year, beginning January 13, at which time the introductory subject was, "History of Tropical Medicine from Ancient Times Down to the Present." They have included lectures on Dysentery—Its Different Forms; Hookworm; Trypanosomiasis in General; Yellow Fever; Trypanosomiasis in Man; The Filiariases in Man and Animals; Leprosy; Plague; Cholera; Piropasmosis; Pellagra; Rocky Mountain Fever, and Dengue.

The remaining lectures will be: May 4, "Sprue and Guinea Worm," illustrated with lantern slides; May 11, "Spirochaetosis;" May 18, "The Relation of the Mosquito to Malarias and Their Prophylaxis." These lectures are illustrated with lantern slides; cases and specimens are also exhibited.

This course will be continued in October, beginning with the opening of the Medical School, when instruction in diagnosis will be given.

This Industrial Age is Filling Our Asylums.

Dr. M. G. Schlapp, Professor of Neuropathology at Cornell University, recently said:

"I believe in heredity to a limited extent, but it is sheer nonsense to say that our insane asylums are being filled because an unkind fate made one section of the population instinctively crazy long ago and has kept future generations of that benighted section crazy ever since. This is taking at once from a just and all-wise providence the attributes of both wisdom and justice.

"Primarily these destructive forces that we see at work filling our asylums and jails, killing one-third of the babies born in the first year of their lives, restricting more and more every year the number of babies born, is due directly to an improper adjustment of ourselves to our environment, and I believe I can demonstrate that these physical disturbances, from which none of us are entirely free, are due chiefly to industrialism.

"This is the industrial age. We are proud of it. We are making more gross things than were ever made before, and individually we are working faster. We are getting so industrious that we are unable to waste a second in thought that is not materially productive. The excessive stress on the mind is filling our insane asylums."

Antiquity of Grafting in Surgery.

The art of transplanting or replacing human tissue has been practiced since the remotest antiquity, states a writer in L'Illustration. In India a caste existed that was renowned for its skill in replacing cut-off noses and had a great practice because the removal of the nose was a very common punishment inflicted on certain criminals.

From India this sort of surgery found its way to Italy, where in the fifteenth century, two itinerant Sicilian surgeons, the Brancas, father and son, enjoyed quite general fame as readjusters of the human anatomy. Similarly, in the sixteenth century, a Bolognese surgeon, Caspar Tagliacozza, who died in 1599, became a celebrity through his attempts at grafting and transplanting animal organs or members from one individual to another.—Newark Evening News.

First Recorded Caesarean Selection in America

John L. Richmond, who made the first Cæsarean section in America, was the subject of a valuable historical and illustrated lecture by Dr. Otto Juettner before the McDowell Medical Society of Cincinnati at the January meeting. Richmond's case was reported in Drake's Western Journal of Medical and Physical Sciences, Vol. iii, 1830, p. 435, which Dr. Juettner quotes in extenso in his paper. Richmond was a Baptist minister and by acting as janitor at the Medical College of Ohio was able to graduate in medicine in her first class in 1822. The operation mentioned was done on the night of April 22, 1827, in a log hut hastily prepared for temporary habitation. The only light was a flickering candle and the only assistant, a woman, had to spend most of her time holding a blanket about this frail light to prevent the raging storm from without putting it out. The child was dead when removed. The mother recovered. Three years ago the McDowell Medical Society of Cincinnati celebrated in a most befitting manner the one hundredth anniversary of Ephraim McDowell's great operation. A tablet is to be placed in the town of Newtown in honor of Richmond's first Cæsarean section.—Ohio State Med. Jour.

Mental Defectives in Great Britian.

Great Britain will not pass its mental deficiency bill at this session of Parliament, owing to the delay in the government's programme caused by the recent adverse vote on the financial clauses of the home rule bill.

The importance of the bill is generally recognized and there seems to be a great deal of regret over the delay. Four years ago the Royal Commission on the care and control of the feebleminded estimated, in its report, that there were 149,628 mentally defective persons, other than lunatics, in England and Wales, and of these 66,509 were said to be in urgent need of institutional care. From 45,000 to 50,000 of the school children of the country, the Royal Commission reported, from one-fifth to one-fourth of all the inmates in the workhouses, one-tenth of the prisoners in the jails, one-half of the girls in the rescue homes, one-tenth of the tramps all over the country, and two-thirds of the inmates of the homes for inebriates are mentally defective. During four years the Society for the Prevention of Crulty to Children dealt with 1,113 cases in which either the children or their parents were of weak intellect.

Use of Alcohol in the Army and Navy.

The use of alcohol among officers of the army and navy is declared the "most baffling obstacle to progress," in a report by Colonel Mervin Maus, chief surgeon of the Eastern Division of the army. This report is made public in The Journal of the Military Service, published by the officers at Governor's Island.

Dr. Maus recommends that "no one who uses alcoholic beverages should be appointed to important positions, civil or military, to the command of military or naval forces, or any other position of importance and responsibility."

In reference to the evils of the use of alcohol in a military organization, he says: "It lessens working capacity, marching endurance, accuracy and rapidity in rifle firing, ability to command troops and solve miltary problems, to navigate and maneuver war vessels, to act as members of courts and military boards, to perform properly administrative work, to develop the intellect and fit one for the higher duties and responsibilities of life.

"It causes sickness, impairs health and usefulness, adds greatly to the non-efficiency of both officers and men, adds additional burden and cost to the medical department, deprives the government of otherwise valuable officers and enlisted men, and forces them to the retired or pension list, with corresponding increase of government expenditures. The higher powers of judgment and ability to make proper comparisons and weigh testimony are lowered under the influence of alcohol. Serious mistakes have occurred from alcohol among officers in command of land and sea forces."

Dr. Friedmann's Right to Accept Fees.

The right of Dr. F. F. Friedmann to treat for pay patients with the remedy which he claims is a cure for tuberculosis is being investigated by the solicitor of the Treasury at the direction of Secretary McAdoo, to determine whether the public health laws are being violated. Dr. Friedmann, it is stated, has opened an office in Providence, R. I., and is there accepting patients for treatment and fees.

The act of July 1, 1902, provides that no person shall "send, carry or bring for sale, barter or exchange, from any State, Territory, or the District of Columbia, into any State, Territory or the District of Columbia, or from any foreign country into the United States, or from the United States into any foreign country, any virus, therapeutic serum, toxin, antitoxin or analogous products applicable to the prevention and cure of the diseases of man unless such product has been propagated and prepared at an establishment holding an unsuspended and revoked license issued by the Secretary of the Treasury."

The penalty for violation of this section is a fine not exceeding $500 or a maximum imprisonment of one year, or both.

Officials of the treasury are reticent regarding the situation. They appreciate, it is said, that if Dr. Friedmann has a cure for tuberculosis it is the greatest discovery of the age and the United

States Government will quickly recognize it when assured of its efficacy. It is pointed out, however, that the German physician has not supplied the government with adequate means of passing judgment quickly on his remedy, and in the meantime all the precautions imposed by the public health laws must be observed.

Dr. Carl L. Alsberg will Enforce the Laws.

Dr. Carl L. Alsberg, chief of the bureau of chemistry of the Department of Agriculture, in his first public utterance since he was appointed to succeed Dr. Harvey Wiley, told the members of the Association of Manufacturers of Medicinal Products recently, that he intended to enforce the pure food laws as strictly as possible. He asked proprietary medicine manufacturers to aid him to reduce the sale of narcotics to the lowest possible point.

"The eyes of the people," said Dr. Alsberg, "have centred upon the department's struggle for pure foods. The work of the department has, I think you will admit, been successful in improving the quality of our foods and preventing grave forms of fraud and adulteration. We realize fully that much remains to be done, but public confidence has been won, and precedents have been created. No backward step will be taken. There will be no let up in the enforcement of the pure food and drugs act."

Plants in the Sickroom.

Dr. R. H. M. Dawbarn, in his series of "Short Talks with My Students,' explains the unwisdom of keeping flowers or plants in a sickroom at night. Flowers possess three prominent functions in so far as they affect the air about them. First, there is transpiration; they give up moisture taken from the soil, wherefore the air becomes humid if many (especially growing) plants are kept in the room. Second, there is respiration; plants here act much as do human beings, using up oxygen and throwing off carbonic acid. Third, there is photosynthesis, the name given to the action of sunlight upon the stems, leaves and all green parts chiefly; it is the reverse of the result of respiratory activity, as just stated. So long as there is daylight carbon dioxide is taken in and oxygen given off by photosynthesis. Consequently until nightfall functions two and three about balance one another, leaving neither good nor bad results. But during the entire night functions one and two continue their activity, while function three is suspended. Function one is not objectionable; but two, without three to balance it, acts (in principle, but not in amount) until the return of daylight, just like an additional person breathing in the room, thus leaving a little less oxygen for the use of the invalid. The standing order should, therefore, be to remove all plants or flowers at night; it is based upon the sound facts of plant psychology.—Medical Record.

Eugenics.

Eugenics, or the science that undertakes to regulate the mating of human beings with a view to procuring the fittest parents and the fittest posisble offspring, is at last being taken seriously. For long it was regarded as a fad, but the fantastic has been outgrown.

The complexities of our modern life make it imperative that some consideration be given to the prospects of the race. By differential scrutiny of those who would become parents eugenics proposes to aid future generations through subjecting prospective parents to a measure or test of fitness for the responsibilities of procreators of the race, viewing these obligations from the standpoint of the child, the parents themselves and society.

Physicians Adopting Dentistry as a Specialty.

Recent statistics show that out of about 5,000 dentists in France 800 are doctors of medicine, or about 16 per cent. and they are doing remarkably well, "drawing" better than the simple graduates in dentistry, who do not have the title of "Doctor" unless they are medical graduates.

Normal Temperature in Childhood.

Dr. Williams, in the Lancet, May 4th. 1012 In routine examinations of 1,000 school children, Williams obtained the following results regarding normal temperatures in childhood. Only 13.5 per cent. had temperatures under 99 deg. F., while 55.5 per cent. had 99.6 deg. F. or over. There was no difference between the sexes.

Bonds for Dr. Arlitz's Fee.

The Board of Estimate of the City of New York on April 10 approved the issue of $3,300 worth of special revenue bonds, which together with an unexpected balance of. $2,500 in the city treasury, will suffice to pay the bill of the physician who attended Mayor Gaynor in St Mary's Hospital, Hoboken, after the attempt on his life in 1910.

Statement Made Under New Postal Law in Compliance With the Act of Congress, August 24th, 1912.

Statement of the ownership, management, circulation, etc., of Journal of the Medical Society of New Jersey, published monthly at Orange, N. J., required by the Act of August 24, 1912.

Editor, David C. English, New Brunswick; business managers, Publication Committee, Wm. J. Chandler, Chair., South Orange; publisher, Orange Publishing Co., Orange, N. J.; owners, Medical Society of New Jersey, Orange.

Known bondholders, mortgagees, and other security holders, holding 1 per cent. or more of total amount of bonds, mortgages, or other securities: None.

WILLIAM J. CHANDLER,
Chairman Com. Pub.

Sworn to and subscribed before me this first day of March 22, 1913.

FREDERIC B. TAYLOR,
Notary Public of New Jersey.
(Seal.) (My commission expires Nov. 23, '16.

It is not in a man's creed but in his deeds, not in his knowledge but in his wisdom, not in his power, but in his sympathy, that there lies the essence of what is good and what will last in human life.—F. Yorke Powell.

THE JOURNAL
OF THE
Medical Society of New Jersey

MAY, 1913

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

PUBLICATION COMMITTEE:

Wm. J. Chandler, M. D., Chairman, South Orange
Edward J. Ill, M. D., Newark.
Ellis W Hedges, M. D., Plainfield.

Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange N. J.

THE 147th ANNUAL MEETING
of the
MEDICAL SOCIETY OF NEW JERSEY
will be held in the
NEW MONMOUTH HOTEL, SPRING LAKE,
JUNE 10-12, 1913.

Full announcement will be made in the Journal next month.

Do not forget to pay your annual dues and Journal subscription to your County Society Treasurer at once if you have not done so, or you may lose enrollment in the State Society and reduce your Society's representation at the annual meeting.

IMPORTANT NOTICE.

To the Secretaries and Treasurers of Component Societies:

As the season for making your annual report approaches a brief review of the duties required may not be inopportune. The by-laws require the secretary of each component society to send to the recording secretary of the Medical Society of New Jersey, Dr. T. N. Gray, 20 Halsted street, East Orange, N. J., at least one month before the annual meeting (of the Med. Soc. of N. J.), *four lists.*

First—A certified roster of its total enrolled membership. This is not merely a list of those who have paid their dues, but is a list of every name the county secretary has on his roll—delinquents, suspended members, etc.

Second—A list of the officers, annual delegates and reporter.

Third—A list of the members who have paid their assessments and are otherwise in good standing. This latter list shall be *prima facie* evidence of their right to register at the annual meeting and shall form the *basis of representation* for the component society.

Fourth—A list, as complete as possible, of all non-affiliating physicians in the county. This list includes all regular physicians not named in the preceding lists, all homeopaths, osteopaths, eclectics, Christian scientists, faith healers, etc., etc. The labor of compiling a complete list is considerable, but with the start already made corrections, additions, etc., can be quickly made from year to year and a perfect list will soon be available.

Three of these lists could be combined in the first list by adding the official titles to the names of the officers, delegates, reporter, etc., and by prefixing a star or cross to the names of suspended members, delinquents, deceased, etc. In all cases care should be taken to get the *full name and address.* In case of death or removal, etc., write the word "dead," or "removed," etc., opposite the name erased. In removals, add new address if possible.

Failure to send in these four lists at least one month (May 10th this year) before the annual meeting may cause the suspension of the component society.

The county treasurers are also required to send in the amount of their annual assessments and Journal subscriptions, with a list of the members who have paid and are otherwise in good standing, at least one month before the annual meeting of the State Society, to the State Treasurer, Dr. Archibald Mercer, 31 Washington street, Newark, N. J. This makes May 10th the limit. Failure to send the assessments at the appointed time may cause the suspension of the component society.

Reporters of county societies are also required to send a report to the chairman of the Committee on Scientific Work, Dr. Alexander McAlister, 582 Federal street, Camden. These reports should contain the subject matter given in Chapter VII of the By-Laws. Failure to report takes away from the reporter the right to a seat in the house of delegates.

To attend the annual meeting of the State Society should be the effort of all its members. Both meetings held at Spring Lake have been notable, and it has proven an ideal place for the annual meeting.

The New Monmouth, Spring Lake, is the place, and June 10th to 12th the time, for the renewal of friendships by those who have attended previous meetings, and is the place and time for old and new attendants to make new friends.

The program prepared by the Committee on Scientific Work promises to be the "best ever," and there have been several "bests" before. Among the many scientific attractions are symposia on pneumonia and syphilis, and as orators will be heard Professor Martin H. Fischer of the University of Cincinnati and Professor George W. Crile of Cleveland.

Of course fellows, officers, permanent and annual delegates will make arrangements to take June 10, 11 and 12 off, bringing with them their wives and daughters to Spring Lake, but the attractive program and the promise of social pleasure and good comradeship ought to stimulate the desire to attend, to effort and accomplishment, on the part of associate delegates; and it is these with their wives and daughters, who make for a successful and long remembered annual meeting. T N. G.

HOW TO MAKE THE MOST OF OUR SCIENTIFIC SESSIONS

The time for another annual meeting is fast approaching, the program is being arranged and the old question comes up afresh, "How to make the best use of the time allotted to the scientific sessions." One of the greatest source of loss of time is not *beginning the session promptly at the appointed hour.* The presiding officer waits for a sufficient number of the members to come into the hall, and the members in turn continue their social conversations outside until they see that the session has really begun. "The way to begin is to *begin.*"

Another practice very disturbing to the orderly completion of the program is that of allowing a writer additional time te complete the reading of his paper. All writers of papers are notified beforehand that they can have only twenty minutes for the reading should under no circumstances be extended.

Dr. F. A. Long in the Western Medical Review very pertinently remarks:

It, therefore, becomes absolutely necessary that the sessions begin promptly at the appointed hour and minute, that essayists be limited to twenty minutes, and that no requests for additional time be allowed by the chair, and that motions to give an essayist more time be ruled out of order by the chair, that discussions, by any one person, be limited to the five minutes provided by the fundamental laws, and that no member be heard more than once.

It has been demonstrated that by conserving every minute, beginning promptly, keeping busy, disallowing prolonged discussion, and allowing no one to speak twice on the same subject, not tolerating discussion foreign to the subject, all papers presented can be read and discussed profitably, and the interest of the members be held to the end. W. J. C.

We not only endorse the above suggestions concerning the scientific sessions but also suggest that the same rules apply to the business sessions of the house of Delegates. While realizing that the business interests of the Society and of the profession need most careful consideration, we believe that much time is wasted by needless discussion on matters that have not received sufficient thought before presentation.

We also call the attention of authors of papers to the importance of handing over to the secretary a copy of their papers *carefully prepared* for the printer, inmmediately after their presentation to the Society. We remind them also that all papers when presented become the property of the Society and *must not* be published in any other journal than that of our own Society without the written consent of the Publication Committee.

THE PROFESSION'S ECONOMIC INTERESTS.

In another editorial we have referred to the importance of giving careful consideration to the business interests of the profession. We had prepared an editorial on the subject, but have since recalled the action of our State Society last year, in appointing Drs. W. A. Wescott, W. Blair Stewart, Theodore F. Livengood and Horace G. Norton a committee "to make a study of conditions affecting the economic welfare of the medical men of New Jersey and to make recommendations to the Society for improving present conditions."

We therefore postpone extended comment until the presentation of the report of the above committee composed of men who are well qualified for the task assigned and who will doubtless give us practical recommendations to meet exceedingly faulty conditions. We only suggest for their consid-

eration the change of title and scope of duties of one of our Standing Committees, from Committee on Public Hygiene and Legislation, to Committee on Legislation and the Enforcement of Medical Laws, and the addition of a new standing committee on Public Health and Public Education, defining its duties in connection with public health administration and in connection with education in its relation to the health of pupils.

It is true that we have been so altruistic, self-denying and self-sacrificing in our service of the public and especially in the lavish bestowal of charity that we must consider economic conditions in properly protecting ourselves and our families and in making possible the best service to our patients and to the public. We noted the following item of news in two newspapers last month:

"The Legislature passed, and the Governor signed, a law last month making it a misdemeanor for any one to practice law without being licensed."

We note that lawyers prepare proposed laws and a large number of the members of the Legislature are lawyers and this item suggests that they are careful to protect their profession's economic interests. Why should not the doctors who are required to pass searching examinations as to their qualifications and who give so much in public and private charity, receive an equal amount of protection by the enactment and enforcement of laws that make it a misdemeanor for any one to practice medicine without being licensed? And that question is greatly emphasized when we realize that in the case of the doctors, such laws enforced mean not so much the protection of the doctors, but the protection of the public against ill-health and death and the saving of millions of dollars of the State's assets.

DR. FRIEDMANN'S METHODS.

We cannot better express our views on the commercialistic aspects of Dr. Friedmann's latest action in exploiting his turtle germ consumption cure, than in the words of an editorial in the New York Tribune, of April 28th, which are as follows:

DR. FRIEDMANN'S VISIT MAY COME TO A DEPLORABLE END.

"It will be a melancholy end to Dr. Friedmann's mission here if it turns out that he has assigned his turtle germ consumption cure to an American corporation which will exploit it commercially. We live in what is known as an age of commercialism, yet there are still departments of human endeavor in which the finer tradition of work for the work's sake has not given way to the sordid gospel of dollars and cents.

The profession which Dr. Friedmann follows has been honorably distinguished for its humanitarian spirit and for its unselfish efforts to mitigate human suffering. It has put the patient above the dollar and has felt that its first service should be to mankind or to science and its second to itself. However much it has been affected by the inroads of the commercial spirit into modern life, it has held fast to the conception that fame and gratitude should be the chief rewards of the discoverer of any new process for fighting disease. Tre medical profession has never stooped so far as to recognize as laudable or legitimate the purpose of a discoverer to monopolize the application of his remedy and to collect tribute on all or most of the cases which it might cure.

If Dr. Friedmann's example were to be followed generally one of the most generous ideals of conduct which any body of workers has ever established would be destroyed. What the world needs most nowadays is to preserve such ideals and to broaden them, so that the impulse to public service in many other fields of effort may outpull the impulse to private gain.

It may be that the Friedmann turtle germ is a genuine cure for consumption, and not the sort of patent medicine palliative which is usually disposed of by commercial methods similar to those to which the German physician and his associates are now resorting. If authentic, it might go a long way to relieving a vast amount of human suffering. Yet even accepting as proved the most which has ever been promised in its behalf, it would be dear at the price of absolving the physician from his immemorial sense of obligation to science and to the community and debasing the art of healing to the level of a mere money-making trade."

We note with grateful appreciation both the generous commendation of the medical profession and the care observed in criticising the honest convictions and wisely deferred judgments of medical men concerning so-called new discoveries, by reputable newspaper editors. The above editorial is in striking contrast with those of another grade of newspaper men who misrepresent the attitude of medical men, as they have most unjustly done in this case, because we have not jumped at conclusions and hastily

endorsed this loudly proclaimed and prematurely lauded discovery before it has been submitted to proper tests which alone could justify its endorsement.

THE FEEBLE-MINDED IMMIGRANT.

In spite of the best available inspection a number of insane among immigrants to this country succeed in gaining entrance, or else become insane within a comparatively short period after their arrival. The detection of feeble-minded immigrants who may fail to become entirely self-supporting, later, perhaps, becoming public charges, is an allied but distinct problem and requires of inspectors a special training. Some experiments which prove this and which indicate the manner in which the immigrant inspection service might be greatly improved have been carried on by Goddard, director of the research laboratory of the Training School at Vineland, N. J. These experiments showed that by the present methods the physicians of the department recognized only approximately 10 per cent. of feeble-minded immigrants which shows by contrast the value of expert training in the recognition of the feeble-minded among immigrants.

Another highly interesting feature of this test was the percentage distribution of these immigrants in relation to the country of their origin. Of the entire number examined, six hundred were from Southern Europe; of these, forty-six, or 7.5 per cent. were recognized as defective; two hundred and sixty were from a different section of Southern Europe, of whom twenty-four, or 9 per cent., were picked as defective. The remaining four hundred were from Northern Europe and among them thirteen, or 3.25 per cent., were selected as defective. This in comparison with the estimated three or four defectives per thousand of the population in the United States shows an enormous proportion of defectives among the immigrants. Incidentally, this observation seems to furnish a strong argument against Dr. Goddard's views on the relative proportions of native-born and foreign-born defectives, commented on last week.

In view of the steady an enormous stream of immigration to this country from foreign lands the conclusions to be drawn from this showing are so obvious that no extended statement of them need be made. *The Journal of the American Medical Association* says, however, that without desiring to criticize the present overworked inspection service, training in some institution for the feeble-minded for a year or two, and the addition of a half dozen inspectors would vastly improve the immigrant inspection service. This together with some amendment of the immigration laws, or a stricter enforcement of the present law in regard to deportation of defectives, would certainly relieve the country of an enormous and continuing burden of expense and responsibility, to say nothing of the deleterious effect of this defective stock on the entire social fabric.

A conference of distinguished alienists and social workers met in New York in November, 1912, and addressed to the respective chairmen of the committees on immigration of the two houses of Congress, a series of resolutions which set forth the needed amendments to the immigration laws, as understood by them. It is recommended, among other things, that a commissioned medical officer of the Public Health Service be detailed to each vessel bringing immigrants to the United States, so that the immigrants might be examined during the voyage with special reference to their mental condition; that a sufficient number of medical officers with special training and experience in the detection of insanity and mental defectiveness be detailed for duty at Ellis Island at all times, and at least one such medical officer to every other large port of entry, and that they be given the facilities, interpreters, etc., necessary to make efficient examinations; that the period during which mentally defective aliens or those becoming insane after entry may be deported be extended to five years instead of three as at present. The conference also favored the medical examination of immigrants at their point of foreign embarkation. The need for specially trained examiners for the detection of insanity and mental defectiveness is emphasized in an editorial in a recent issue of *The Journal of the American Medical Association.*

The fourth annual meeting of the Association of Medical Secretaries and Treasurers of New Jersey will be held in the New Monmouth Hotel, Spring Lake, Wednesday morning, June 11, when the annual breakfast will be enjoyed, followed by a brief business session. Dr. James Douglass, Morristown, is president; Dr. G. T. Tracy, Beverly, vice-president; and Dr. Daniel

Strock, Camden, Secretary. The secretary and treasurer of every medical society in the State, County or Local, are invited to attend. The president, secretary and treasurer of the State Society also are always invited to attend.

The annual meeting of the American Medical Association will be held at Minneapolis, Minn., June 17-20, the week following our State Society's annual meeting. A number of our members are expecting to attend and some of them will take part in presenting or discussing papers. The preliminary program has not yet been issued, but it is expected to be an unusually interesting and profitable as well as largely attended and enjoyable meeting.

Every County Society Reporter is earnestly requested to send his annual report to Dr. Alexander McAlister, 582 Federal street, Camden, on or before May 15th. These reports should contain a brief outline of the Society's work during the year; also notice of unusual prevalence of diseases; of the death of members that have occurred and any other matters of interest to the profession.. Reporters who send in their reports by the time specified will, if present at the annual meeting, be enrolled and have all the rights and privileges of delegates.

Men give me credit for genius. All the genius I have lies just in this: When I have a subject in hand I study it profoundly. Day and night it is before me. I explore it in all its bearings. My mind becomes pervaded with it. Then the effort which I make the people are pleased to call the fruit of genius. It is the fruit of labor and thought.—Alexander Hamilton.

Correction.

The notice last month of the meeting of the International Conference on Infant Mortality failed to state that it is to be held in London, England, on August 4th and 5th, ,1913, and the subject for consideration under administrative section should have been "The Responsibility of Central and Local Authorities." This Conference is organized by the British Association on Infant Mortality and the American Association on Infant Mortality is in correspondence with the British Association in reference to this Conference.

To-day is your day and mine, the only day we have; the day in which we play our part; what our part may signify in the great world we may not understand, but we are here to play it, and now is our time.—David Starr Jordan.

Correspondence.

State Department of Health Bill.

To the Editor of The Journal of the Medical Society of New Jersey:

Dear Doctor—The great trouble with the bill is, that the Legislative Committee had no conception of the limitations in the Health Service of this State. We are finding the same trouble as in New York, and the solution of the problem is more money and more power for the State Health body. New York has had a Commissioner, New Jersey a Board and each have been unable to solve the problem.

It matters but little what the central body is called or how it is composed, if that body, through lack of appropriation and of power over the local health boards, cannot control the situation.

In this State there is no adequate power to force local health bodies to carry out their work; and until the State Health body is empowered to enter a municipality or township, do the necessary sanitary work and assess the costs entirely upon the district benefited, there never will be decent sanitation. And we cannot expect sanitation as long as the Legislatures are so parsimonious.

There is no need of the commissioner having spent ten years in the practice of the profession of medicine. What is needed is a man well educated in medicine and well trained in sanitation, and the field should be open to men who are not residents of the State. We need sanitation before medicine, trained brains before geographical status and a tenure of office that will attract a first class man.

In the advisory board, I presume the civil engineer will be a sanitarian and not a first class sky scraper constructionist or a man who can "make the dirt fly" on railroads or canals. Either abolish the local boards of health or give the State commissioner the power to supercede the local board when necessary and put the expense of this action on the municipality or township. That means a lot of legislation as under our law, every time an officer wants to get busy, he must have instructions in writing from his local board.

Then for Heaven's sake give your commissioner some money to work with. Don't ask him to have a dairy division with four men to inspect from 12,000 to 15,000 dairies. The other departments are just as badly handicapped in the same way!

Why don't the Legislature give us adequate laws?

How about the communicable diseases of animals?

What is done with glanders?

Why is rabies constantly on the increase?

What about anthrax?

What about the control of slaughtering of animals?

What about the sanitation of prisons and other State institutions? Tuberculosis? Water supplies? Municipal refuse? Sanitation of factories?

Why haven't we a State health publication that will encourage and instruct the local officers?

What can be done with 5 cents per capita—1-10 cent. per week?

Give us the right laws and the money, and it matters not whether we have a commissioner or a board of health, but don't expect to do the sanitary work of this State until the Legislators have learned that "the first duty of the State is to conserve the health of its citizens."

Very truly yours,

A. C. BENEDICT, M. D.

South Orange, April 24, 1913.

MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION.

THE PROPOSED CHANGE.

GEORGE H. SIMMONS, M. D., LL. D.

Abstract of Dr. Simmon's address before the Conference of State Secretaries.

I have been asked to discuss the present conditions of membership in the American Medical Association and the proposed change, which has been under discussion recently. While this is not directly related to the object of this conference, the discussion of uniform regulation of State membership, it is so closely connected with it that I cannot refuse to take advantage of the opportunity of discussing the question before such a large representation of State secretaries.

To get a clear understanding of what the present term "members" of the American Medical Association means, it is necessary to go back a little in the history of the Association.

The American Medical Association always has been a delegated body; only "delegates" ever had a right to take part in its proceedings.

"Permanent members" was a term orignally applied to those delegates who connected themselves permanently with the Association after they had served as delegates. "Permanent members," however, had no rights except those of attending the meetings and taking part in the scientific work. In 1883, The Journal was started and the following year, for the purpose of increasing the circulation of The Journal, there was created another class: "Members by Application." A member of any so-called affiliated society could become a "member by application" simply by making application for membership and paying the annual dues. The difference between "members by application" and "permanent members" was that the latter had been delegates, whereas the former became members simply by making application. Neither "permanent members" nor "members by application" had vote or voice in business meetings.

Membership in the A. M. A. To-day on the Same Basis as the Former "Members By Application."

Briefly, we have the following situation:

1. The voting membership of the organization is the combined membership of all the 2,000 (more or less) component county societies, amounting approximately to 70,000 members. These elect the delegates to the House of Delegates of the State Associations; they in turn elect the delegates who form the House of Delegates of the American Medical Association. Before 1901 the delegates to the American Medical Association were elected, or appointed, by the "affiliated" societies, which included local, district and State societies. Since 1901, that is, since the reorganization, the delegates to the national body are elected not by local, district and State societies, but by the State societies alone.

2. The so-called "members of the American Medical Association" are the direct successors of the old "members by application." By their payment of dues and their subscriptions to The Journal, they were and are to-day the supporting or contributing group of the members of the organization.

3. The House of Delegates is composed of approximately 150 members, who are elected by the various State Houses of Delegates, which are in turn composed of delegates elected by the members of the component county societies. The House of Delegates of the American Medical Association, therefore, is created by, and represents the combined membership of all the county societies of all the States; it is not elected by, nor does it represent, the present "members of the American Medical Association" as such; it never has.

The result is that we have two classes which could be called members. First, the actual, logical memberships of 70,00, usually designated as "the membership of the organization." Second, the 36,822 contributing or supporting members, who are designated as "members," although these "members of the American Medical Association" have no more privielges than have all members of the organization, except the right to take part in section work. This present situation I have had shown on the accompanying chart (Chart 1). The membership of the American Medical Association, at present 36,822, is an inner circle of the membership of county societies, while the House of Delegates is a still smaller circle composed of those who have been elected to represent the members of the organization of the whole country.

Now the situation itself is perfectly logical and is in every way to be commended. The trouble is that we have not named our groups accurately. Those whom we now call "members of the American Medical Association" are really those members of the organization who, in addition to supporting their county and State Associations, also contribute to the support of the American Medical Association, while for the actual membership of 70,000 members we have no distinctive name.

The change that has been proposed is not a change in condition at all. It is simply a change in name. It is proposed to designate the 70,000 members included in the large outer circle (Chart 2) as "members of the American Medical Association," which they really are and always have been, while those included in the inner circle (that is, those members in good standing of their country and State societies, who also pay $5 a year to support the work of the American Medical Association) are to be called "fellows of the American Medical Association" instead of "members." This will make no change in the membership standing or relations of any man. If this suggestion is adopted, all members in good standing in their State organizations will be designated as "members of the American Medical Association," while those members who contrib-

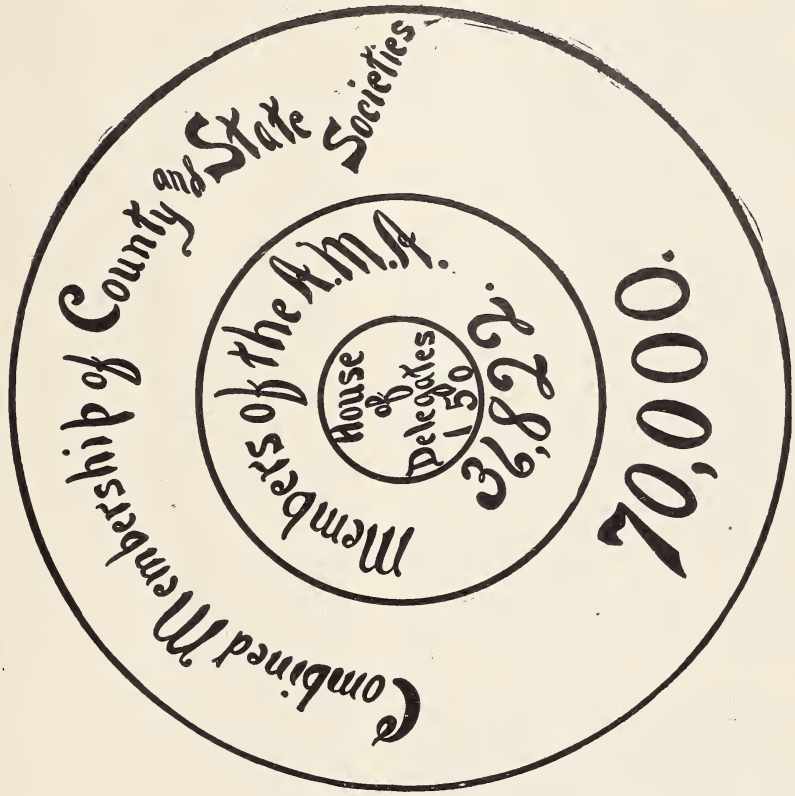


Chart 1

Chart 2

ute $5 a year to support the work of the Association will be designated as "fellows of the American Medical Association." In other words, those who are now known as "members of the American Medical Association will be known as "fellows" of the American Medical Association, while the term "members" will be applied to the entire, combined membership of the component county societies of the whole country.

This plan has several advantages. In the first place it will give us a name for the entire membership of the organization, which we have never had before. Before 1901 they were referred to as members of "affiliated" societies, and since then they have been called, for lack of a distinctive name, "members of the organization." Another advantage will be that it will make clear that the voting power lies with the 70,000 members and not with the 36,822 "fellows." When this plan was first proposed, some got the impression that the intention was to compel the 70,000 members of the county societies to become "supporting members" of the American Medical Association, as the term is now understood. This, of course, would be a ridiculous proposition. The proposed change contemplates leaving membership conditions exactly as they are; it contemplates changing the name, and not the relation.

One great disadvantage prior to the reorganization of the American Medical Association in 1901 was the fact that we had no name by which to designate the delegates. As soon as the name "House of Delegates" was adopted, then the function of the delegates became clear at once. The Association also has labored under the disadvantage, ever since its reorganization, that there has been no name by which to designate the actual voting membership, because the term "members" had been applied to the supporting body. The proposed change simply recognizes this fact, designating as "members" those who really are members, and designating the supporting members as "fellows."

I have already given some reasons for making the change, but there is another and more important; in fact, it is the paramount reason. Up to the present time, the members of the organization have not realized that they are, in reality, members of the American Medical Association. They regard the American Medical Association as something entirely apart from them, something in which they have no interest. These members of the organization are through their elected representatives responsible for what the American Medical Association is doing, or what it ought to do and is not doing, but they do not realize this, hence they are not interested. They do not appreciate that the House of Delegates of the American Medical Association, which they elect, is the body that is doing the work through the officers, trustees councils, etc., which they, through their representatives in the House of Delegates of the American Medical Association, select. While only a change in name, I think the subject is of the utmost importance. I hope that all of you will look into it carefully, so as to understand exactly what is intended, and then will explain it to your members at the first opportunity.

Essentials of a Medical Expert from the Lawyer's Standpoint.

Closing words of Lawyer W. A. Purrington's address before the Medical Society of the State of New York, April, 1912.

One of the greatest evils of expert testimony is that in the absence of any standard of qualification, any licensed physician may offer himself as expert in any branch of medicine; and many who do so do not even read up their subject. They are, to this extent, impostors and merit exposure.

From the lawyer's standpoint, then, the great essentials of an expert are his qualification in his profession, his honesty and his ability to withstand cross-examination, which is, if not Ithuriel's spear that no falsehood could resist, at least the weapon of nearest approach to that celestial temper. One who is often an expert makes a record that becomes known. His mistakes haunt him. If he has testified in a similar case, in a dissimilar way, he will be likely to hear of the difference before his ordeal is over. But it may be said with assurance that the medical expert who is qualified in his subject, courteous, self-contained and, above all, honest, will create no antagonism and has nothing to fear at the hands of the lawyer. But the witness who is supercilious, ill-qualified, quick tempered, biased, more intent on maintaining his cause than in testifying frankly, has very much to fear from a cross-examiner of even moderate ability, and there is no reason why he should claim any immunity from the tests applied to all other witnesses, or feel when they are applied that his professional dignity has been assailed.

Laws to Prevent Degeneracy.

Judge Harry V. Osborne, at the annual meeting of the Public Welfare Committee of Essex County, held April 17th, spoke on "Constructive Work of the Court." He spoke of the crude way of dealing with criminals and the failure to seek the remedy in the cause.

"It has come to be well recognized," said Judge Osborne, "that heredity is a most important factor in the future life of the individual. This has been demonstrated time and again by the research work done by private institutions. In tracing the family connection of the unfit an examination of any one of several charts that have been prepared will show the transmissibility from parent to child of mental, moral and physical defects to a marked degree.

"The feeble-minded are especially prolific, and the taint is transmitted to their offspring. The question of greatest importance, perhaps, concerns the duty of society under the circumstances. In 1911 the Legislature passed a law providing for the sterilization of the feeble minded, including imbeciles, idiots, morons, epileptics, rapists and other defectives, the preamble of which says: 'Whereas, heredity plays a most important part in the transmission of feeble-mindedness, epilepsy, criminal tendencies and other defects, be it enacted,' et cetera.

"It should go further and provide that no marriage license should be issued until the applicant has been examined in order to ascertain whether he or she is feeble minded, syphilitic or otherwise disqualified.

"The cost to the State in caring for its degenerate runs into tremendous figures. And in addi-

tion to such costs as are represented in the annual appropriations is the indirect cost to society for care of those who are not confined to institutions, while a further burden accrues from the constant transgression and inability to become self-supporting when computed on a basis of dollars and cents. How much better it would be, not only from the viewpoint of economy, but for the welfare of society, if the constant accessions to the number of unfit could be stopped.

"The early environment of the community has a most important bearing upon the future, not only of the individual affected, but of society as a whole. The influences begin at home, and unless the child is properly nourished, properly trained and educated, it is apt to become an ultimate burden to the community. That we are realizing the importance of this situation is true, as indicated by the recent housing conference in this city. The child passes from the home to the school, and, notwithstanding much criticism leveled at the schools from time to time, I think we all agree that in this respect we have an institution of which we may well be proud.

"Supplementing the home and the school, particularly in the great cities where the districts of congested population lie, society owes a further duty to the child. It should see to it that its social life is directed in proper channels by providing wholesome recreation, such as playgrounds, and suppressing with no uncertain hand public parks, dance halls and moving picture shows conducted in an immoral manner—places, in a word, that tend to debase the young mind. The energies of youth should be directed into proper channels."

New Serum for Pneumonia.

The physicians who have been experimenting with a new serum for the cure of pneumonia are wisely withholding any positive announcements as to its success, but the New York newspapers of April 18th make the following statements:

"A new method of treatment aimed to cure pneumonia is under experiment at the Rockefeller Institute, it was announced today by Dr. Charence A. McWilliams, a physician who has worked in collaboration with the medical investigators at the institute. The announcement of a positive cure is not yet warranted, Dr. McWilliams said, but improvement in pneumonia cases under the new treatment has been noted.

"Patients who have been inoculated with a serum prepared in a manner different from that attending the discovery of other serums are under observation at the institute. According to Dr. McWilliams, announcement of the success or failure of the method may be expected in two to six months hence in the institute's Journal of Experimental Medicine. The origin of the new serum is based on a theory that the bacillus that causes the disease is in two strains, both of which might not be found in the same patient, and that a specific cure for each must be found. The development of the anti-toxin is declared to be the result of two years of research centered upon a study of the organism causing pneumonia."

It is worth while inaugurating the treatment of "idiopathic" pruritus ani by the administration of santonin or of enemata of quassia infusion—seat-worms may escape discovery on one or two examinations.

DON'T FORGET ANNUAL MEETING DATE JUNE 10-12. DON'T FAIL TO ATTEND

Editorials from Medical Journals

The County Medical Society and its Delopment.

From the South Carolina Medical Journal.

There are certain definite aims already carried out by a few county societies we in this State should consider and probably emulate. In the first place a society, like the individual member, is very apt to become a more important factor in the progress of the community if it owns its home. This of course means an outlay of considerable money. Where practicable, this home may be an integral part of the local hospital. Every society should have a steadily accumulating fund for use in the development of the plans and purposes of the society along many lines. This will require an increase of dues perhaps but no other investment will probably pay so well in the long run. The average doctor has contributed very liberally to the establishment of homes for a multitude of other organizations and these imposing and impressive edifices loom before his vision in every community in the land. It is time to call a halt and build a home for his own professional advancement.

Some of the Duties of Membership.

Extracts From Eitorial in Colorado Medicine.

"With the beginning of the new year the duties of our component societies become due and payable. Two months are allowed in which to make payment. After March 1st, all who have not paid stand suspended. Secretaries then have one month in which to make up and send in their annual reports to the State Society. Members who then stand suspended are to be reported, and, according to our new by-laws, they are to be automatically dropped from the society. It is the duty of the State secretary to make a monthly report of the names dropped from the rolls to the American Medical Association.

"It is the duty of the secretaries of our component societies to send out a notice to each of their members on January 1st, that dues are payable. On February 1st all who have not paid should be sent another notice, and on March 1st, all who have not paid should be notified that they stand suspended. An attempt should be made to see these suspended members and urge them to pay up and thus retain their membership. While it would seem that this work on the part of the seretaries should be unnecessary, it is important that it should be done, for the reason that some men are very sensitive and easy to take offense at some imaginary cause. A personal interview will bring the grievance to the surface and a tactful secretary can easily smooth the ruffled feelings of the member and make him see that membership in his local and State and national medical societies is a bigger thing than mere personal grievances; that membership is also essential to his standing in the medical profession of his section, and further that his name, influence and active support is needed by the profession of which he has been an honored member.

"On the other hand, members of our societies should remember that our secretaries are busy

men and should be relieved, as far as possible, of unnecessary work. The easy way to help is to pay up promptly as soon as a bill for dues is received."

(In New Jersey the treasurers usually send out notices of dues and they are, like the secretaries, busy men who should be saved unnecessary work and the painful duty of notifying the State and National Associations that you are a delinquent.—Editor.)

Militant Suffragettes—A Suggestion.

A. M. A. Journal, April 12th.

The difficulties encountered by British authorities in the management of militant suffragettes suggest a solution to the problem by declaring insane the rank offenders in the destruction of property and other outrages. If we define insanity as a condition in which the subject is so mentally out of harmony with general environment as to be unable to control conduct and to become a public danger, and if we attribute it to some nervous or mental disease affecting the judgment, some of these suffragettes would seem to fall under that head. For a woman of cultivation and social standing the evidence would be much stronger than in the case of an ignorant working man. Confinement in a criminal asylum on such a charge would be far better than in a common jail with ordinary criminals. Asylum authorities are accustomed to treat the severest forms of sitophobia, and could manage a hunger strike far better than jail officers. The condition is apparently getting serious enough to make the suggestion of such a remedy a timely one, and we believe that it could be adopted with the evidence afforded without an undue strain even on the British laws. Woman suffrage may be a worthy cause; if so it will ultimately prevail, but the means now used in Great Britain are not helping it much.

The Friedmann "Cure" for Tuberculosis.

From an Editorial in American Medicine.

The Friedmann "cure" for tuberculosis may prove to have many if not all of the virtues its discoverer claims for it, but one thing is certain, its introduction to the scientific world has given unlimited opportunity for doubt and criticism. It is entirely probable that many of the unfortunate circumstances attached to Dr Friedmann's visit to America may have been due to conditions that he could not have foreseen or controlled. We have no desire to judge harshly or to extend the slightest discourtesy to this visitor to our shores. On the contrary, we aim to maintain the position every earnest physician should invariably bear to innovations in medicine, a position characterized by interest, an open mind, and a sincere hope that the efficiency of medicine may be advanced, be it ever so little. But so many requests for information concerning Dr. Friedmann and his remedy have been received that we feel it incumbent upon us to discuss the proposition openly and fairly with the object of presenting to the thousands of physicians who read American Medicine a calm, dispassionate view of the situation.

At the outset, let it be said that the one great objectionable feature of Dr. Friedmann's treatment is the secrecy which he has maintained concerning its exact character. In all kindness and sincerity we believe that this is contrary to the true principles of medicine. No physician has a right to employ an uncertain and possibly dangerous remedy in the treatment of disease in human beings until he knows all that anybody knows concerning its composition, character and action. For this reason no physician can endorse or employ Dr. Friedmann's serum as long as he maintains the slightest secrecy in regard to its exact nature and effect. Let it not be understood that we are denying Dr. Friedmann's right as an individual or business man to protect his interests by keeping his remedy secret, if he thus sees fit. But Dr. Friedmann in announcing his treatment did so as a physician—a professional gentleman—and not as a business man. As a physician he very properly assumed certain rights and privileges, and expected the attention, consideration and co-operation of his professional colleagues. As a physician he sought and has a right to demand the unbiased investigation of his discovery. Finally, he sought publication of his original paper announcing his conclusions, in a professional journal circulating more or less exclusively among medical men. All these things indicate that Dr. Friedmann was presenting his work to his colleagues as a physician. This being so, he could not with propriety withhold any information concerning his remedy. The statement that secrecy was maintained to avoid improper use of the remedy by the unscrupulous and unskillful, does not afford justification for such a course, for the unscrupulous will do much more harm with the spurious substitutes that they always employ when the original remedy is withheld. No, the dangers of non-secrecy are small compared to those of secrecy, and looked at in the most impartial light it would seem that the only interests that could possibly suffer from a full and complete statement of the whole truth in regard to this remedy are those of Dr. Friedmann's exchequer. But since Dr. Friedmann saw fit to announce his discovery to his colleagues and has sought their recognition and support, it is evident that he prized other emoluments than simply monetary. Had he desired financial recompense alone, he should have broken away from the profession entirely, and, addressing himself exclusively to business methods, exploited his remedy along the lines of honest commercialism. The course pursued by Dr. Friedmann to date has been neither strictly professional nor frankly commercial, and as a consequence he has only himself to blame if American physicians appear loath to acclaim him as heartily and enthusiastically as he anticipated.

Vasectomy and Public Right.

From Editorial in the Medical Review.

The editor thinks it is well to discuss freely the question of the protection of society by the resection of the vas deferens in criminals, and that this is quite as important as the formation of societies for improvement in mental hygiene.

Indiana has carried this subject beyond the experimental stage, and the operation is now one of daily routine in her State institutions. It is now unnecessary, at any rate in Indiana, to explain the operation, its harmlessness and the public benefit which has been derived from it. Everybody in Indiana admits its value. It is believed that a section or a committee on eugenics is now called for in every State medical association.

Such a section being equipped to answer, or at least to discuss, all questions bearing upon eugenics would be instrumental in securing defi-

nite legislative action. The matter should be agitated in every State until legislation has everywhere been enacted for the adequate protection of the race.

The excuse which is made for bringing forward a matter which has been freely discussed in recent years and about which there seems to be no difference of opinion in the minds of those medical men who have not been so occupied with other matters that they could not give the subject a few consecutive thoughts is the presence in the human mind of the quality of inertia which with reference to this particular subject will demand a whip and spur for months to come, possibly for years.

Editorials from the Lay Press.

Heroes of Medicine.

(From New York Tribune April 18.)

Before contemplation of the great storm and flood disasters of the West fades into dim memory it is fitting to recognize the heroism, the sacrifice and the devotion of members of the medical profession and of nurses. There was a prompt response from all sides to the call for material aid. But the quickest response of all was that to the demand for physicians and nurses with medical supplies. These, as volunteers, rushed to the scene on the first special trains, to labor without money and without price, and often at grave personal risks of life.

There was, however, a dearth af faddists and of the promoters of patent panaceas. These could spin fine theories, and make fine promises in piping times of ease, ministering profitably to the "comfortable chronic diseases which are attendant on wealth and indolence." But when storm and flood swept the land, with pestilence in their train, there was sterner work to be done, suited only to the hands of the approved practitioners of tried schools. It was a condition and not a theory which confronted them.

In time of war surgeons and nurses hover on the very brink of the zone of fire, to succor the wounded as soon as they fall. In scientific investigation of disease and research into methods of prevention and cure doctors have frequently risked and sometimes sacrificed their lives. So in the great cataclysms of nature, when a Pelee erupts, a San Francisco is shaken or an Ohio overflowed, the members of the healing guild exhibit the same high heroism, making the scalpel, no less than the sword, and the nurse's cap, no less than the warrior's plume, the badge of chivalry.

The Saving Hope in Cancer.

We take the following extracts from an article by Samuel Hopkins Adams in Colliers', of April 26th:

"Which will you believe in——?"

"Cancer can be successfully treated by the knife. It can be eradicated permanently, and the patient absolutely cured in the majority of cases where the operation is undertaken in the earliest stages of the disease. There is no chance of recovery except in surgery. The cancer is surely progressive so long as it, or any part of it, remains in the body."—Statement by the Cancer Campaign Committee of the Clinical Congress of Surgeons of North America.

"That the knife has been a failure in the treatment of cancer no one will deny, in the light of statistics, which show that nearly ninety-seven out of every one hundred persons who have the cancerous growth removed with the knife, sooner or later die of cancer. * * * I will give one thousand dollars if I fail * * * Nine thousand cured without knife or pain."—From the lying advertisements of S. R. Chamlee, cancer quack.

What defense has medical science offered to this terrific onslaught? None until the present. Physicians, bacteriologists, laboratory investigators, and field workers have groped in blind hopefulness for a cure. Some day, perhaps, they will find it. Up to now the results may be accurately expressed by the figure zero. Serums have proved useless; acids worse than useless. Concentrated ray treatment has been, in the main, a mere waste of time, radium no more than a palliative in extreme cases, and internal drugging wholly ineffective. Medicine has sought to cure the cancer, and has lamentably failed. Now comes forward surgery, with a new, confident, and provable claim, saying:

"We cannot cure the cancer, but we can save the life."

With this as the foreword of their campaign, the Cancer Campaign Committee of the Clinical Committee of the Clinical Congress of Surgeons of North America has entered upon a propaganda of education, designed to save the dreadful and needless waste of life from this scourge by teaching the public these main truths:

Cancer is usually preventable. A large majority of cancer sufferers are curable by prompt and early treatment. The only hope is in surgery; the strong hope is in early surgery. Time is life; delay is death. * * * *

In Germany, where there has been a system of widespread instruction to women, teaching them how to guard against and recognize carcinoma of the uterus, nearly 80 per cent of these cases present themselves for operation while there is still a chance. In uninstructed America, less than 40 per cent. There is a waste of the life chance to appal the thoughtful!

Unhappily there exists in this country an anti-educational propaganda, which has gotten long years the start of the Cancer Campaign Committee's public-spirited work. Deadly falsehoods have been spread broadcast by the cancer quacks, speaking their message through the newspapers and magazines. "Be cured without the knife" is the burden of their song. Some of them even advertise in such a way as to inspire terror of the surgeon's merciful knife. "Why Submit to Torture?" and similar headlines. They undertake to "cure" cancer by "soothing, balmy oils"—for which read burning, agonizing acids. After these acids have done their work, the cancer spreads like wildfire in the wounded flesh, and in a short time is beyond operation. But worse even than the positive harm which they do by their practice is the negatively ruinous influence of their advertisements, frightening thousands of women from the operating table, which is their one and only chance of being saved. Nearly all of the better newspapers have thrown out cancer cure "copy." The post office has shut many of these scoundrelly malpractitioners out of the mails. But a few persist, and their deadly lies may still be

found in the lesser magazines and papers. Let every publisher who accepts such advertising matter consider this: medication can no more cure cancer than it can cure an arrow imbedded in the body. The arrow must come out or it will kill. So with the cancer. Whoever issues falsehoods as to the cure of cancer without surgery is a principal, and whoever circuates them an accomplice, in wanton and wholesale murder.

Concerning Doctors.

W. J. Lampton in March Lippincott's.

The doctor is the first person we meet when we come into this world, and, unless we go out by accident or other unexpected summons, he is the last with us when we leave it. Such devotion is worthy of the highest praise, and that is often about all the doctor gets for it. Still, he keeps at it, because practice makes perfect, and a doctor without practice isn't worth much.

Who the first doctor was is not known, but he must have arrived shortly after the devil broke into the Garden, because before that there wasn't any need of him. In other words, a doctor is a matter of necessity. When you need him, oh, yes, but you do need him, and if he had the nerve to present his bill just after he had pulled you out of the hole—one of those holes, you know, with a marble top to it—you would be glad to pay any amount he might ask. But later you feel some different, and you charge him with graft when he charges you with a sum which would have seemed small enough when you thought you were going to lose it all. But this is to a considerable extent the doctor's fault, because he should never let a patient get well enough to feel frisky like that until the bill is paid. That is one reason why doctors so often need the money, and doctors have expenses to meet just as other people do, though they never have any doctor's bills to pay. This is owing to the fact that the ethics of the profession forbid one doctor from charging another for professional services. Right here comes in one of the greatest temptations a doctor is called upon to resist, to wit, repairing one until he is as good as new and getting nothing for it, when by quietly letting him drop out, he might not only get rid of a competitor, but secure much of his practice. But no instance is on record of any doctor doing this. Really, don't you know, doctors are not nearly as bad as people in debt to them say they are.

It is common talk—very common—that the doctor is in league with the undertaker, and that you might as well begin to pack up for the long journey when the doctor comes around. But plain business sense controverts this fallacy. "Live and let live," is the doctor's motto. De mortuis non payabus, which, being translated, means, "The dead ones don't pay." True, some of the live ones don't, but some do, and never a dead one does. A graveyard may mean something to an undertaker, but it doesn't to a doctor.

There are nearly as many kinds of doctors as there are varieties of professors of religion and politics. For example, allopaths, homœopaths, hydropaths, milkopaths, restopaths, and mentalopaths, electropaths, osteopaths, aeropaths, prayeropaths, quackopaths, and numerous other paths, all going different directions, but all leading to the same destination: the cure of the ills that flesh is heir to. So Protestant, Catholic, Mohammedan, Jew, Buddhist, and the rest of them, all go differently, but all headed for heaven; Democrat, Republican, Socialist, Prohibitionist, Populist, Progressive, each taking a different way, but all headed for the pie-Counter. Man is fearfully and wonderfully made. If he were not, the doctors wouldn't have half the trouble with him they now do getting him started and keeping him going.

There are also women doctors. Women never have had any difficulty getting into religion, but getting into medicine and politics is quite another matter, and even in this day of phenomenal human progress, women doctors and women politicians are looked upon with more or less suspicion. They have got far enough along in medicine to have "Dr." prefixed to their names, but not far enough along in politics to prefix "Hon." yet. Note, please, that there is a strong accent on the "yet" in that sentence.

In conclusion, it may be stated, without fear of successful contradiction, that while there has been wonderful progress made in all branches of medical sciences and practice, mankind goes on dying about as usual, and if the dead were as greedy as the living are in grasping as much of the earth as they can get hold of, there wouldn't be any room for the live ones.—W. J. Lampton in March Lippincott's.

Medico-Legal Items.

Opinion Evidence.

In a murder case a physician testifying for the State was permitted to say that the blow which caused the wound upon the deceased's head was a "severe" one. The witness had shown that he had been called to the relief of the deceased immediately after the injury, and that an examination disclosed a very serious fracture of the skull, which was verified by the post-mortem investigation. The fact that the blow must have been a severe one would be apparent to every juror of intelligence and the statement could not be prejudicial to the defendant.

The witness was also asked his opinion as to the character of the weapon or club that was used to produce thet fracture found in the deceased's skull. He replied, "I believe a blunt or rounded, fairly heavy object—possibly like a whiffletree. That is the most common shape." It was held that the testimony was competent, the witness not having testified that a whiffletree had been used, but merely having used that instrument as an illustration.—State v. Baker, Iowa Supreme Court, 135 N. W., 1097.

Liability of Corporations for Physician's Services.

A physician was called to attend a boy who had been injured while working in a mill. He continued to attend the boy professionally for about two months and sent his bill to the company owning the mill. In an action for the amount of it the evidence showed that the company's bookkeeper had represented to the physician that the company would be responsible for his services and that this representation was known to the company's officers, and a reply letter written to the physician on receipt of his bill by the bookkeeper under the direction of the company's managing officer. It was held that the company was liable for the services,

notwithstanding that the physician's employment had not been authorized at a meeting of its board of directors; the circumstances known to the company's officers being such as justified the physician in believing that the company would pay for his services.—Taylor v. C. M. Robertson Co., Connecticut Supreme Court of Errors, 83 Atl. 534.

Holder of Certificate Failing to Have It Recorded.

The criminal Court of Appeals of Oklahoma reverses a conviction of Wilson of practicing medicine in Woodward County without having at the time a valid and unrevoked certificate from the State board of medical examiners of the State of Oklahoma, because of error in the exclusion of a certificate which he held, which, the court says, should have been admitted in evidence, and which, when admitted, would have been a complete defense by the accused to the charge, contained in the information. The court holds that a person who has been regularly licensed to practice medicine in Oklahoma, and who has failed to record the certificate, issued to him by the board having jurisdiction to issue licenses under the laws of the State, in the county in which he resides and maintains a place of business, cannot be convicted under section 4256, of the Compiled Laws of 1909 for practicing medicine without a license, but is subject to prosecution under section 4252, for failure to record his license in said county. A certificate to practice medicine in Oklahoma issued by state board having jurisdiction to issue same, properly authenticated and under the seal of said board, is entitled to receive in evidence when tendered on behaalf of a person who is on trial charged with practicing medicine without authority, and such certificate when bona fide is a complete defense to a prosecution based on section 4256. Had the accused been prosecuted under section 4252 of the statute, and had a conviction resulted, no relief could have been had in this court on the ground set out in the petition in error.

Wilson vs. State (Okla.), 129 Pac. R. 82

X.Ray Photograph—Liability of Master for Injuries Thereby.

An action proceeding on somewhat unusual facts was brought by a telephone lineman against his employers. He received an injury while in the performance of his duties. A physician was called, who diagnosed the case as a displacement of the sacro-iliac joint, and used heroic treatment that was claimed to have resulted in forcing the joint into place. The plaintiff was making good progress toward recovery, when the defendant's general manager requested him to submit to an X-ray picture being taken. The plaintiff opposed this, expressing his fear of injurious consequences, assuring the defendant's manager he was all right, and offering to release the defendant from all claims for damages on account of the injury. His physician also opposed the taking of the X-ray picture, but the manager guaranteed that the taking of the picture would not injure the plaintiff, and threatened to discharge him if he refused to submit. After a good deal of hesitation and resistance, the plaintiff finally consented to have the picture taken, and the X-ray was applied over his abdomen by a doctor employed by the defendant. The plaintiff testified that the current was left turned on for more than seven minutes. He claimed to have received a severe burning of the tissues by the application of the X-ray, and, as a result, to be suffering from paralysis of the bowels.

The relation of physician and patient did not exist between the doctor who applied the X-rays and the plaintiff. The rule of respondent superior therefore applied rather than the law relative to the liability of a physician or surgeon to his patient, or to the liability of a master who employs a physician to treat his servant. The instrumentality was under the defendant's exclusive control, and there was sufficient evidence that injury to the subject is not a necessary result of the taking of the X-ray picture, if proper instrumentalities and proper care are used. The court could not say that the plaintiff's injuries were not the result of the exposure. The facts were enough to make the case one of res ipsa loquitur, and to make the burden on the defendant show that there was no negligence. That the defendant did not do conclusively. Judgment for the plaintiff was therefore affirmed.—Jones v. Tri-State Telephone & Telegraph Co., Minnesota Supreme Court, 136 N. W. 741.

Responsibility of the Physician.

Much interest has been excited in the profession by a recent decision in the Paris Court of Appeals which contains a new interpretation of the doctrine of medical responsibility which, if its validity is admitted will have serious consequences for physicians. Up to the present no action for damages has been allowed unless the plaintiff proves that the physician has committed a fault or negligence in his application of treatment.

In the suit in questtion, the plaintiff alleged against Dr. Delherm certain negligences in the application of roentgenotherapy. The court while recognizing that the plaintiff had not proved that Dr. Delherm had committed a fault or negligence in the application of the treatment, condemned the physician to pay damages on the ground that the physician is responsible for the consequences of the application of a treatment which presents so many dangers in itself, unless the health of the patient demands the employment of this treatment. In this case the Roentgen ray had been used to remove a hairy growth on the plaintiff's chin. After the application of the ray the patient had a dermatitis of the second degree.

The court believed that while the physician should not hesitate to use this treatment when demanded by the health of the patient, nothing justified the assumption of such a risk for so trifling a result as the removal of a mere physical imperfection. According to the judge, Dr. Delherm ought to have warned the patient of the dangers she might run and had refused to apply the treatment. The court, therefore, condemned Dr. Delherm to pay the plaintiff $1,000 (5,000 francs) as damages. The Syndicate medical de Paris protested energetically against the admission of such a principle. If the physician should be obliged to warn the patient of the possible danger of each medical procedure which he employs, the patient would certainly refuse to submit to the necessary treat-

ment. The most matter-of-course medical procedure, such as a hypodermic injection, has dangers which, however, present themselves only in a very small proportion of cases. Patients thus unnecessarily frightened by the discussion of all possible hazards would many times refuse the necessary treatment, and human lives would be sacrificed. From the Paris letter in the A. M. A. Journal, April 12, 1913.

Therapeutic Notes.

Asthma in Children—Treatment Of.

Dr. T. R. C. Whipham, in Medical Diseases of Children," states that in the case of infants, when the attack is of a bronchitic nature and induced by indigestion or a similar cause, a saline aperient is all that is usually required. For the relief of definite spasmodic attacks, inhalations of the fumes of niter paper or of the following are very effective:

℞ Stramon. fol. pulverat., ʒ ss.
Anis. fruct. pulverat.,
Potass. nitrat., aa ʒ ii.
Tabac. fol. pulverat., grs. v.

Antipyrin in doses of 3 to 5 grains at night is also useful in lessening the tendency to spasm. In the intervals between the attacks there should be administered a mixture containing potassium iodide, stramonium, and belladonna. If the paroxysm is severe, atropine may be injected hypodermically. Any abnormalities in the nasopharynx should be attended to. Adenoids and enlarged tonsils should be removed, and cauterization of the nasal mucous membrane, especially if hyperesthetic, often causes improvement. Rickets should be treated on appropriate lines and the child's general health maintained by means of tonics. A change of climate may be necessary. A high, dry, and moderately warm place suits these patients best. An open air life and a carefully regulated diet are of eminent importance.

Maragliano, in Union medicale du Nord-est, is credited with the following combination for use in bronchial asthma:

℞ Bromoformi, ʒss.
Alcoholis, ʒiiss.
Aquæ amygdalæ amaræ, ʒv.
Extracti opii, gr. ss.
Syrupi ipecacuanhæ, ʒviiss.
Aquæ, Gm. ℥v.

Fiat mistura secundum artem.

Sig.: One tablespoonful as required.—N. Y. Med. Jour.

Conjunctivitis=Vernal=Treatment.

Dr. Aaron Brav, Philadelphia, has an excellent article on this disease in The Therapeutic Gazette of April 15th. We extract the following therefrom:

It is essentially a chronic disease, subject to acute exacerbations during the months of April, May and June, when the patients suffer considerable annoyance. After describing the three distinct types—conjunctival, bulbar and corneoscleral, and noting that the etiology is unknown though he is inclined to believe from its periodicity that it is caused by some germ that comes with the growth of some flower or grass, he gives his treatment which is palliative rather than curative. We extract the following points: Silver nitrate often does harm; strong cauterants are contraindicated; bathing eyes with ice cold water generally relieves burning and itching; chinosol has given him no results. He says: The best result I have obtained from the following routine of treatment. At the first visit I give a mild astringent:

Zinci sulphat., gr. j;
Acidi, borici, gr. xxx;
Aqua mentha pip., ʒj;
Aqua destillata, q. s. ℥iij.

Bathe the eyes t. i. d.

In the interval between I advise bathing with ice water, and prescribe also argyrol:

Argyrol, 20 per cent, fʒij..

One drop in each eye t. i. d.

The best local application in the office is a 25-per cent. solution of boroglyceride; this invariably is followed by relief and keeps the patient in a comfortable condition. In the beginning I make this application every other day, and then increase the interval as the patient improves. After this treatment for a week or two I change for the following lotion:

Acidi borici, gr. xxx;
Adrenalin 1:1000, ʒij;.
Holocain, gr. v;
Aqua camphora, ℥ss;
Aqua destill., q. s. ℥iij.

Filter solution.

I also prescribe:

Boroglycerite, 5 per cent, fʒj.

Sig.: One drop in each eye t. i. d.

Of course this preparation is burning, but is followed by a soothing effect, while the itching is totally relieved.

When the eyelids glue together, and this is usually the case before treatment is instituted, it is advisable to apply locally some fatty substance—lanolin or petrolatum, simple or medicated, at night-time to prevent gluing of the lids.

I do not think that surgical interference is warranted except when, as sometimes happens, there are present some large papules overhanging with a pedicle, when it is best to remove them by means of curved scissors, as they act as an irritant to the conjunctiva. Surgical interference such as grattage, as advised by some, is not very successful.

Diabetes—Drugs in the Treatment Of.

Dr. Guthrie Rankin has obtained good results with the following combination:

Extract of valerian,
Pure phenol, of each, 2 grains.
Codeine, 1/3 to 1 grain.
Extract of cascara, 1½ grains.

The valerian steadies the nervous system, the phenol disinfects the intestinal canal, the codeine controls the output of sugar, and the cascara provides for the daily evacuation of the bowel.—British Medical Journal, March 22, 1913.

In La Presse Medicale, March 22, Drs. D. Labbe and P. Perochon state that they have cured or have greatly improved a certain number of cases

of diabetes by means of inhalations of ozone. The inhalations are given in daily seances of fifteen minutes each. It is supposed that oxygen in the nascent condition re-establishes the equilibrium between the production and the consumption of sugar in the organism.

Felon.

In the early stage a felon may often be aborted with the following:

℞ Ichthyolis, ʒiv,
Lani, ʒiij,
Petrolati, ʒj.

M. Sig.: Apply freely two or three times a day.—Merck's Archives.

Gallstones—Treament Of.

Ten-grain doses of hexamethylenamine three or four times a day will in a considerable proportion of cases cause biliary catarrh to diminish rapidly and gall-stones to cease to produce symptoms. The writer gives the drug in powder form in a cachet. It alters slowly when in solution, so that if it is given in a mixture the latter should be made up fresh every day or two. It is difficult to say with certainty that gall-stones once formed in man will actually disappear. It is, however, enough if they cease to trouble the patient. There are, of course, many cases in which operation is required for the removal of the stones, but even in these, unless the infection of the gall-bladder is cured also, fresh stones will form, so that it is wise to continue the urotropine treatment for a long period. Other measures should be adopted at the same time, of course.—French, in Guy's Hosp. Gazette.

Infantile Colic.

Dr. Leonard Williams gives the following prescription as recommended by Widerhofer:

℞ Tinct. cascarillæ, m. x.
Tinct. krameriæ, m. x.
Ol. Anthemidis, mj-ij
Syr. simplicis, ʒiiss.
Aquam, ad ℥ii.

M. Sig.: One teaspoonful every two hours.—"Minor Maladies."

Mumps.

In cases with rise of temperature and severe pain sodium salicylate is the most effective remedy. Its excretion in the saliva, with its antiseptic action on the unknown organisms of the disease, probably accounts for its value. It should be combined with an alkali:

℞ Sodii salicylat.,
Sodii bicarb., of each, gr. v.
Benzosulphinid., q. s.
Aquæ, q. s. and f℥ss.

M. Sig.: Every two or four hours.—A. C. Stark, Practitioner.

Pneumonia—The Heart In.

From an Article in the A. M. A. Jour,

As pneumonia heads the list of the causes of death in this country, and as the heart fails so quickly, sometimes almost in the beginning, in pneumonia, a special discussion of the management of the heart in this disease is justifiable.

Acute lobar pneumonia may kill a patient in twenty-four or forty-eight hours; he may live for a week and die of heart failure or toxemia, or he may live for several weeks and die of cardiac weakness. If he has double pneumonia he may die almost of suffocation. It is to-day just as frequent to see a slowly developing and slowly resolving pneumonia as to see one of the sthenic type that attacks one lobe with a rush, has a crisis in seven, eight or nine days, and then a rapid resolution. In fact the asthenic type, in which different parts of the lung are involved, but not necessarily confined to or even equivalent to one lobe, is perhaps the most frequent form of pneumonia.

The serious acute congestion of the lung in sthenic pneumonia in a full-blooded, sturdy person with high tension pulse may be relieved by cardiac sedatives, vasodilators, brisk purging, or by the relaxing effect of anti-pyretics. Venesection is often the best treatment.

When the sputum almost from the first is tinged with venous blood, or even when the sputum is very bloody, of the prune-juice variety, the heart is in serious trouble, and the right ventricle has generally become weak and possibly dilated. The heart may have been diseased and therefore is unable to overcome the pressure in the lungs during the congestion and consolidation.

There is a great difference in the belief of clinicians as to the best treatment for this condition. It would seem to be a positive indication for digitalis, and good-sized doses of digitalis given correctly, provided always that the preparation of the drug used is active, is good and, many times, efficient treatment. Small doses of strychnin may be of advantage, and camphor may be of value. In the condition described, however, reliance should be placed on digitalis. Later in the disease when the heart begins to fail, perhaps the cause is a myocarditis. In this condition digitalis would not work so well and might do harm. It is quite possible that the difference between digitalis success and digitalis non-success or harm may be as to whether or not a myocarditis is present.

If the expectoration is not of the prune-juice variety and is not more than normally bloody, or in other words, typically pneumonic, and the heart begins to fail, especially if there is no great amount of consolidation, the left ventricle is in trouble as much as the right, if not more. In this case all of the means above described for the prevention of any dilatation of the heart will be means of preventing dilatation from the pneumonia, if possible. The treatment advisable for this gradually failing heart is camphor; strychnin in not too large doses, at the most 1-30 grain hypodermatically once in six hours for two or three doses and then once in twelve hours; plenty of fresh air, or perhaps the inhalation of oxygen. Oxygen does not cure pneumonia, but may relieve a dyspnea and aid a heart until other drugs have time to act.

If there is insomnia, morphin in small doses will not only cause sleep, but will not hurt the heart. In the morning hours of the day the value of caffein as a cardiac stimulant and vasocontractor, either in the form of caffein or as black coffee, should be remembered. Strophanthin may be given hypodermatically. One of the greatest cares in the treatment of heart failure in pneumonia should be not to give too many drugs or to do too much.

Some apparently inoperable carcinomata of the cervix will yield remarkably to repeated cauterization with the actual cautery and zinc chloride.

Dr. W. T. Coughlin, of St. Louis, gives the following in the April issue of the Interstate Medical Journal:

Beurmann, Mouneyrat, and Tenon have made experimental and clinical studies with two new arsenical preparations called 1116 and 1151, and find that the results obtained by their administration in syphilis are as good as those obtained by salvarsan, while they possess none of the disadvantages of the latter. They are administered either intravenously or intramuscularly.

Neosalvarsan is said to have given good results in a case of Paget's disease of the bones.

In seven cases of Dupuytren's contraction treated with thyroid extract, by M. Leopold Levi, five were cured.

Pech gives the following simple cure for nosebleed. Have the patient stand erect with the head up and place the finger on the nostril that does not bleed so as to keep it closed. Patient then slowly inhales through the bleeding nostril and exhales through the mouth. This, continued for a few minutes, will check the bleeding. Avoid blowing the nose or using the handkerchief lest the clots be loosened.

Kirmissonadvocates, while operating on epigastric hernia (hernia of the linea alba), the examination of the stomach and duodenum for ulcer, as this often is co-existent with such hernias.

Hospitals, Sanatoria, etc.

Appropriations for Hospital.

The Union County Board of Freeholders has ordered paid the following appropriations for the hospitals in Union County: Elizabeth General Hospital, $8,000; Alexian Brothers', Elizabeth, $3,000; St. Elizabeth, Elizabeth, $3,750; Muhlenberg, Plainfield, $6,250; Summit Hospital Association, Summit, $2,000.

Mountainside Hospital.

The Homeopathic Medical Society of Montclair has contributed $650 to this Hospital, in recognition of the opening of the private operating-rooms of homeopathic physicians.

A "whirlwind campaign" to raise $300,000 for the hospital was started on April 7.

From the last reports received the total amount received will exceed $235,000 and it may reach $250,000. Dr. James Spencer Brown, president of the Hospital visiting staff, in thanking the workers and contributors, said that it will now be possible to give proper attention to "free patients." The funds will be used largely for the construction and equipment of medical wards. In a few years, said Dr. Brown, the hospital authorities expect to be able to point to Mountainside as one of the finest hospitals in the State.

New Infirmatory for Princeton.

Princeton is to have a new infirmary soon which will cost $150.000. according to an announcement made by Miss Dixon, head nurse at the present infirmary. Plans have been drawn by Day & Klauder, of Philadelphia. The funds are being raised by the Ladies' Auxiliary of Princeton Universary.

Orange Memorial Hospital.

At the end of one-half of the twelve days' campaign for the Orange Memorial and Orthopedic hospitals to raise $150,000, the sum of $100,000 had been subscribed and the workers had no doubt of reaching the amount desired.

Two new private corridors, the latest gift of Mr. F. M. Shepard to this hospital, were recently opened for inspection. The corridors occupy both floors of the extreme southern wing and afford sixteen rooms for private patients. They are provided with every modern appliance. A sun parlor on the southern end of each floor will give to convalescents a change when they are able to leave their rooms. The improvement is one that has been much needed at the hospital. Mr. Shepard originally gave the pavilion containing the corridors to the hospital.

St. Michael's Hospital, Newark.

This hospital has been bequeathed the entire estate of the late Charles Bloom. The amount has not been announced.

Bellevue Treats Sixty-Five Doctors.

The New York newspapers of April 18th report that "sixty-five physicians in Bellevue Hospital and a Catholic chaplain attached to that institution were made ill yesterday by a chicken salad served at luncheon, and last night forty-five of the sixty-five physicians were kept in their beds and treated their patients by telephoning to the nurses and attendants in the various wards. It is believed that the salad was made of canned chicken, tainted chicken, or that 'bob' vel was substituted for chicken. Every one who ate of it was so ill that he was taking medicine."

Camden City Dispensary.

We have received the 46th annual report of this Dispensary, from which the following facts are taken:

For the year ending December 31, 1912.

Cases treated at the Dispensary 2,118; at residences 223; total 2,341.

Number of visits to Dispensary 3,002; to residences 573, total 3,575.

Increase of 1,774 prescriptions for the year; total number compounded during year 12,652.

Dr. Fortiner, Dentist, reports number treated 152 with 181 visits at his office.

The increase of work over previous year was: prescriptions 1,774; cases 456; visits 685; vaccinations, 162. Increase in District work; cases 27, visits 105.

The financial statement shows: Receipts, including balance of previous year of $296.95, of $3,856.85 of which $3,000 came from the City of Camden appropriation and $419 from interest. The disbursements were $2,488 for salaries of District physicians and pharmacist and expenses; $1,032.22 for bonds, the balance on hand being $335.68.

Dr. H. Genet Taylor is secretary of the Board of Managers and Chairman of the Committee on Buildings. The following were elected mem-

bers of the Board of Managers for this year: Drs. H. G. Taylor, D. Strock, W. A. Davis, J. L. Nicholson, P. M. Mecray, H. H. Sherk, W. H. Iszard and A. H. Lippincott.

The members of the Medical and Surgical Staffs are Drs. W. H. Pratt, E. W. Rosell, H. F. Palm, H. I. Goldstein; H. F. Rose, E. M. Richardson, A. J. Casselman and R. L. Sheppard.

District Physicians: Drs. H. F. Palm and W. H. Pratt.

State Hospital, Morris Plains.

The thirty-seventh annual report has just been received for the year ending October 31, 1912. We gave many facts in the February Journal, page 484, embraced in this report, especially concerning the overcrowded condition of the institution. We give the following from the statistical tables:

In the Hospital October 31, 1911, 2,210.

Admitted: First admissions 489, re-admissions 73—562.

Total treated during year, 2,772.

Mental Diseases of those admitted:

Mania: acute, 50; chronic, 1; epileptic, 7; puerperal, 4; recurrent, 8; toxic, 67.

Melancholia: acute, 54; agitata, 12; hpyochondrical, 1; involutional, 23; recurrent, 3.

Dementia: epileptic, 6; organic, 9; paretic, 68; senile, 63; terminal, 1.

Imbecility, 17; with mania, 3; with melancholia, 1.

Insane neuroses, hysteria 2.

Insanity: adolescent, 113; pubescent, 1.

Paranoia, 48. Total 562.

Discharged during the year:

Recovered, 90; improved, 164; unimproved, 17; died, 199. Total, 470.

Mental diseases of those restored:

Mania: acute, 29; puerperal, 1; recurrent, 2; toxic, 32. Melancholia: acute, 10; involutional, 1. Insanity, adolescent, 15.

Support of those admitted: State, 111; County, 296; private, 155.

Civil condition: Single, 216 ; married, 268; widowed, 72; divorced 3; unascertained, 3.

Whole number admitted from August 17, 1876, to October 31, 1912: 11,097.

Discharged: recovered, 2,654; improved, 1,889; unimproved, 670; died, 3,548; eloped, 31; not insane, 3. Total 8,795.

Remaining in Hospital October 31, 1912, 2,302 of whom 2,050 are public and 252 private patients.

A hospital exhibit consisting of patients' work, charts, photographs and other scientific material, showing the work being done in the study of the etiology and treatment of insanity, as well as possible prophylactic measures and pathological changes, was sent by the New Jersey State Hospital at Morris Plains to the Conference on Mental Hygiene held in the city hall, Philadelphia, from March 15th to 22nd.

In the exhibit were "Heredity Charts" showing the presence of insanity or allied mental or nervous conditions in families for several generations. They also showed the ill effects of introducing such abnormal strains with normal families and how the mating of insane with tubercular persons aggravate both conditions.

By means of colored diagrams which enabled the observer to see at a glance the sequence of events, the histories of many patients' mental condition during life was made distinct.

Drawings of various pathological conditions were shown together with pithy epigrams referring to the prevention and treatment of insanity which could be easily memorized.

Photographs showed views of the buildings, methods of treatment, especially by employment of various kinds and also of many recent improvements.

Other charts showed the increase of the insane, the continued overcrowding of insane hospitals, the percentage of forms of insanity admitted and many other facts of interest to the public at large.

The large collection of work done by patients was of special interest to those visiting the conference; this included china painting, embroidery, raffia work, arts and crafts and carpentry.

New Jersey Sanatorium for Tuberculous Diseases.

The eleventh annual report of this Sanatorium at Glen Gardner has recently been issued, and from it we gather the following:

From the Manager's report: During the year ending October 31, 1912, 458 patients received treatment. The official capacity is 160 patients, but at times 195 have been cared for, and throughout the year the daily average was 172. Light employment when not contra-indicated is given patients as being conclusive to their welfare. Construction of better roads has made the approach to the institution less difficult. Plans are being prepared for the construction of the Children's Building, for which an appropriation of $12,500 was made. Steps are being taken to make sure the best possible milk supply for patients. An appropriation for the erection of an Infirmary is urged where very ill patients may be cared for.

Superintendent S. B. English, M. D., reports: 159 patients in the sanatorium at beginning of the year; 1,086 applicants were examined, of whom 458 entered the sanatorium, 67 of them paid $5 weekly and the State bore the entire expense of the others; 438 patients were discharged, 266 males and 172 females; 59 left after less than a month's stay and are not considered in the final results; the average length of stay was 4.7 months; average age of all patients 27.3 years; the average gain per patient was 12 pounds, the largest male gain was 43 and largest female 30 pounds; number whose expectoration contained bacilli when admitted 247, and when discharged 193; number having hemorrhage 132.

Since sanatorium opened in October, 1907, 1985 were admitted for treatment out of 4,654 applicants; 1,079 considered cases returned to their homes prior to October 31, 1911, and reliable information shows that 619 are working, 77 are not working, 70 unknown and 313 are dead. Classification of results is given in tabular form, showing: Incipient cases, apparently cured, 37, or 35 per cent.; arrested 46, 44 per cent.; improved 19, 18 per cent.; not improved, 3, or 3 per cent.; died, none. Moderately advanced: Apparently cured, 8, or 4 per cent.; arrested, 62, 35 per cent.; improved, 89, 50 per cent.; not improved, 19, 10 per cent.; died, 1. Far advanced: Apparently cured, none; arrested, two; improved, 54, or 57 per cent.; not improved, 38, 40 per cent.; died, 1. Totals of the 379 cases: 45 apparently cured; 110 arrested; 162 improved; 60 not improved; 2

died. Per capita cost, $8.84 weekly per capita. Dr. Samuel B. English is Resident Physician and Superintendent, and Dr. Henry B. Dunham, Assistant Physician.

The physicians on the Board of Managers are: Drs. F. Wild, president, Bound Brook; F. Hughes, Plainfield; W. H. Kensinger, Camden; T. W. Corwin, Newark, and W. F. Faison, Jersey City. Dr. Faison has recently resigned.

Nativity Analysis of New Jersey's Wards.

Of 11,507 inmates of State institutions 7,717 are native, 3,288 foreign born and 502 of unknown nativity.

Counting out those of unknown nativity the percentage of foreign born is 29.7.

Foreign born in Essex Hospital for the Insane number 692, or 39.5 per cent.

Of the 7,490 insane in State Institutions 2,557, of 34.1 per cent., are foreign born.

In Home for Feeble-minded Women percentage of foreign born is 1.6.

Not one foreign born child is at the Training School for Feeble-minded.

Only three foreign born in total of 436 in State Village for Epileptics.

Among 541 inmates of State Home for Boys 12 per cent. are foreign born, but 47 per cent. have foreign born parents.

At State Home for Girls 9 per cent. are foreign born, while 17 per cent. have foreign born parents.

Of 486 cases at Rahway Reformatory 18.5 per cent. are foreign born and 45 per cent. have foreign born parents.

Among 1,528 inmates of State prison 32.3 per cent. are foreign born and 44 per cent. have foreign born parents.

Percentage of foreign born at State Tuberculosis Sanatorium is 26.6.

Book Reviews.

THE SURGICAL CLINICS OF JOHN B. MURPHY, M. D., at Mercy Hospital, Chicago. Volume II. Nnmber II. (April 1913). Octavo of 171 pages. illustrated. Philadelphia and London, W. B. Saunders Company, 1913. Published Bi-Monthly. Price per year: Paper, $8.00. Cloth: $12.00.

Among the subjects presented are: Essential Hemorrhage of the Uterus; Pyloric and Gastric Ulcer with remarks by Mr. Robert Milne, F. R. C. S.; Spina Bifida; Ureteral Calculus; Cerebellar Tumor; Fracture of the Tibia (Lane Plate); Chronic Trochanteric Bursitis; Recurrent Appendicitis, etc.

THE OPERATING ROOM AND THE PATIENT. BY Russell S. Fowler, M. D., Chief Surgeon First Division, German Hospital, Brooklyn, New York. Third Edition Rewritten and Enlarged. Octavo volume of 611 pages with 212 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $3 50 net.

An excellent resume of the Pre- and Post-Operative treatment of the patient with many considerations concerning the operation-room, preparation of the instruments and supplies, bandaging, anaesthesia, lists of instruments and dressings commonly employed, etc.

THE CAREER OF DR. WEAVER. A NOVEL. BY MRS. Henry W. Backus. Cloth, decorative, illustrated; 12mo., pp. 373; net, $1.25; postpaid, $1.40. Boston: L. C. Page & Co.

A good story and to be commended for its presentation of some of the abuses and misuses of medical practice, but to be condemned for allowing the several infractions of the ninth commandment to pass without disapproval.

Marriages.

FREEMAN-FREEMAN.—At Trenton, N. J., April 26, 1913, Dr. Samuel Freeman, of Trenton, to Miss Fanny Freeman, of Cleveland, Ohio.

VAN RIPER-DWIGHT.—In New York City, April 15, 1913, Dr. A. Ward Van Riper, of Passaic, N. J., to Miss Daisy Dwight, of New York City.

Deaths.

BLAIR.—At the Medico-Chirurgical Hospital, Philadelphia, Pa., March 8, 1913, Dr. James Edward Blair, of Burlington, N. J.

Dr. Blair was born in Tyrone, Pa., August 5, 1871. His parents moved to Beatty, Pa., when he was a year old. He was educated at St. Vincent's, where he graduated in 1892. He then entered the medical department of the University of Pennsylvania. He came under the notice of Dr. J. B. Deaver as a student and following his graduation in 1896 he became one of Dr. Deaver's assistants, spending two years in the German Hospital. He then spent a short time in the Mary Drexel Home for Children, and in 1899 he located in Burlington, N. J.

He served in the local City Council, was at one time surgeon of the Third Regiment, National Guard, and later captain of Company A, of Burlington, which post he held until the disbandment of the command. He was a charter member of the Burlington Lodge of Elks and was a thirty-second degree Mason. He also was affiliated with the Sons of Veterans.

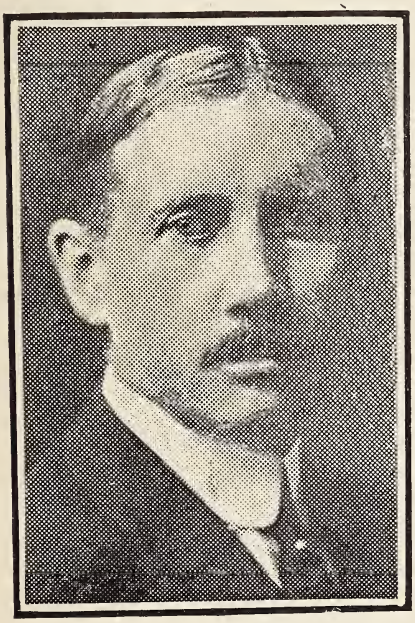
Dr. Blair is survived by his widow and a little son seven years of age. His body was taken to Latrobe, Pa., for burial, four prominent citizens of Burlington accompanying it and acting as pallbearers. The Burlington Enterprise said:

"His family has the sincere sympathy of the many friends in Burlington where the doctor has worked so efficiently and unselfishly, and it has been an added sorrow that it was found to be impracticable to bring his body to Burlington, that those among whom he lived and labored might have had opportunity to show some appreciation of the high esteem in which he was held by those who knew him best. May he rest in peace!"

CURRIE.—At Beverly, N. J., March 24, 1913, Dr. Joseph Currie, aged 68 years.

He was graduated from the Hahnemann Medical College of Philadelphia in the class of 1866.

FRANCES.—At Montclair, N. J., March 29, 1913, Dr. Richard Pearce Francis, in the Mountainside Hospital, from internal injuries received in an automobile collision.



RICHARD P. FRANCIS, M. D.
Courtesy of the Newark Evening News.

Dr. Francis was born in New York City in 1861 and moved to Montclair with his parents before he entered his teens. His education was received in the Montclair public schools and he graduated from the High School in 1877. Then followed a preparatory course of two years in the private school of James H. Morse in New York City. Entering Harvard University he took his degree in arts in 1883. His medical course was pursued in the same institution and he received his M. D. in 1886, after which he spent two years in the Boston City Hospital. When he returned to Montclair he at once engaged in general private practice.

During the twenty-five years of his service in this community Dr. Francis had stood for every move that would tend to promote the health and the sanitary interests of the town. When the Mountainside Hospital Association was organized in 1890 he became a member of its first medical and surgical staff and served with exceptional efficiency as its secretary for twenty years. During all this period of development of the institution and services rendered by him were most painstaking and conscientious. He had been declared by those associated with him to have been a most constant and dependable factor in the direction of the Hospital. Three years ago he became the president of the staff and from that time he showed untiring energy in his efforts to secure sufficient funds to erect a new and up-to-date medical building in which the highest grade of scientific work might be done. His untimely end has come just on the eve of the fruition of his greatest hopes. Within an hour of the fatal accident he held a long conference with one of his colleagues regarding the whirlwind campaign which was about to be started. It was fitting that he should receive the loving attention and care of the entire hospital force and that his end should come in the institution where, next to his home, his affections were most centered.

The scope of his professional energies was not limited to private and hospital work. For twenty years he served the people of Montclair on the Board of Health, where the wisdom of his judgment was rarely questioned and where his demands for just decisions was well nigh proverbial. That he might give undivided attention to the claims of the board it was his custom to make everything bend to its demands upon his time. He would work both early and late that he might be present at its meetings and the time consumed by committee work and his services as secretary and treasurer of the board for ten years was a severe drain upon him. He was a leader in nearly all the important steps taken to put Montclair in the front rank as regards matters pertaining to sanitation and hygiene. Altogether his labors outside of those that were distinctly confined to his private work were very exacting. His patience in detail was often commented upon.

Besides the activities already mentioned, the doctor always displayed a keen interest in all matters pertaining to the development of the town. When special needs demanded he has thrown the weight of his influence unreservedly for the betterment of civic affairs. All that had to do with the educational side of the town life received his careful thought, for his broad reading and culture placed him on the side of progress in all such matters.

Dr. Francis was a member of the Harvard Club of New Jersey and the Harvard Club of New York, and when in college of the Hasty Pudding Club. In town he belonged to both the Montclair Athletic Club and the Montclair Golf Club. The medical societies in which he held membership included the Orange Mountain Medical Society, the Associated Physicians of Montclair and Vicinity, Essex County Medical Society, New Jersey State Medical Society, New York Academy of Medicine and the American Medical Association.

Beside a widow, who was Miss Jessie Read, of Toronto, Canada, Dr. Francis leaves a son, John Francis, and a daughter, Miss Margaret Francis, a sophomore at Smith College, who was home spending the Easter vacation.

Montclair has lost a most valuable citizen. His grief-stricken family is assured of the heartfelt sympathy, not only of the entire community, but also of the wide circle of his professional brethren who knew and highly esteemed him for his worth and work.

The Board of Governors of the Mountainside Hospital met on Thursday to give some expression to their grief upon the death of Dr. Francis. The following resolutions were adopted:

"Whereas, In the mysterious Providence of God the president of the staff, Dr. Richard P. Francis, whom we all most deeply mourn, has been removed from among us; be it,

"Resolved, That in his sudden death this institution, which he served with unselfish devotion, and the community where his life has been known and honored have met with irreparable loss;

"That the members of this Board are sensible of a personal loss and extend to his family their deep sympathy, with the hope that they may be sustained and comforted in their great sorrow;

"That a copy of these resolutions be engrossed and presented to his family, and that they be published in the local press and spread upon the minutes of the hospital."

Following is the minute adopted by the staff of the Mountainside Hospital, at a meeting held last Sunday:

"It is with heavy hearts that the members of this staff assemble to take action upon the sudden death of Dr. Richard Pearce Francis, president of this staff, which occurred in Montclair on Saturday, March 29.

"Our official tribute to his noble character and to his many years of efficient service as a member of this staff:

"By his death this staff and the Mountainside Hospital has lost a faithful co-worker and friend. Close to his heart was this great charity, and freely he gave of his time and means for its noble purpose. While sorrowing with those who mourn the loss of husband, father, and son, we add our tribute of love for him whose memory will ever remain in our hearts.

"Resolved, That these resolutions be spread upon the minutes of this staff, and a copy be sent to the bereaved family and local press.

"By order of the staff.

"Wm. H. Van Gieson, M. D., Secretary."

At a special meeting of the Executive Committee of The Associated Physicians of Montclair, N. J., and Vicinity, held March 30, 1913, on account of the death of Dr. Richard P. Francis, the following resolutions were adopted:

Whereas it has pleased Almighty God to remove from our midst the friend and associate whom we all deeply mourn, be it

Resolved—That in the sudden death of Dr. Francis this Society and the community in which he lived have sustained the loss not only of a skillful practitioner of medicine, but also of a most genial and cultured gentleman.

Resolved—That the heartfelt sympathy of the members of this society is hereby extended to his family, whom we pray may be given strength to bear up under this sad affliction.

Resolved—That a copy of these resolutions be engrossed and presented to his family, and that they be also published in the local press, the Medical Record, and the Journal of the Medical Society of New Jersey.

RICHMOND.—In Passaic, N. J., March 31, 1913, Dr. Samuel Richmond, aged 26 years.

He was a recent graduate of the University of Virginia. He was a member of the staff of the Atlantic City Hospital. He died at the home of his father in Passaic.

TREGANOWAN—At South Amboy, March 10, 1913, Dr. Ambrose Treganowan, aged 84 years.

Dr. Treganowan was born in Camborne, County of Cornwall, England, February 14, 1830. His parents were John and Ann Treganowan, of the same county. He was the youngest of four children, all sons, and, besides this immediate family and their relatives, there is not another family of Treganowans. The doctor's early education was received at a select academy for boys in the town where he resided, conducted by William Bellows, a Quaker, and a former resident of New York City. At the early age of 14 years he commenced his preparation for the medical profession, by being indentured for seven years to the celebrated surgeon, Alfred Prideaux, Esq., of Siskeard, about forty miles from his native town. After three years' service he became restive and was determined to go to America. His family succeeded in canceling his articles of indenture, and equipped him with an abundant outfit and the necessary means. He left England in 1853, from the port of Penzance, in the ship "Marquis of Chandos," Captain Colenzo, an old friend of the family, commanding. On her arrival in New York and after a few days he entered the drug store of Eugene Dupuy, corner of Houston street and Broadway, where he performed the duties of translator in the English prescription department. In 1854 he went to Philadelphia, and resumed his regular medical studies, under the preceptorship of Professor James Bryan, Professor of Surgery in the Philadelphia College of Medicine. After a short time he received letters of introduction from England to Professor Dunglison, Professor of Therapeutics and the Practice of Medicine in Jefferson College, who had known the young student's family in England, and who took a deep interest in his behalf, giving him much private instruction and wise counsel, although he was a candidate for the degree of Doctor of Medicine in another college. During the years of his study in Philadelphia he supported himself, purchased his college tickets, and bore other expenses attending his studies, by connecting himseslf with the press as reporter, but especially as a stenographic reporter, in which he excelled.

Dr. Treganowan graduated from the Philadelphia College of Medicine in 1857 with honor, and commenced his professional career at Beverly, N. J., meeting with success. He removed to South Amboy in 1860, where he has been actively engaged ever since, commanding a large and responsible practice.

In 1862 he entered the army as a surgeon of the 14th Regiment, New Jersey Volunteers, and remained in the service about two years. Much of the time he was on detached duty in charge of field hospitals in the Army of the Potomac, doing all that a brave man and surgeon could do. In 1864 his health failed him, and his resignation from the service became imperative. After a few weeks' rest at home, he again began the usual duties of his profession. For many years Dr. Treganowan was a salaried surgeon in the employ of the Camden & Amboy Railroad, and its successor, the Pennsylvania Railroad. He was a member of the Middlesex County Medical Society, at various times holding all the offices connected with that society. He was repeatedly a delegate from the State Medical Society to other State medical societies, was appointed delegate to the American Medical Convention held in San Francisco in 1869, and also to the International Congress held in Philadelphia in June, 1876, and was a member of the New Jersey Microscopical Society. He was past master of St. Stephen's Lodge No. 63, F. & A. M., having joined the lodge in 1864. From 1874 to 1877 he was editor of the South Amboy Argus.

In politics the doctor was a Republican, but never let his partisan feelings overrule him in local affairs. He was three times elected Mayor of his home city, and each time with large majorities, though the candidates of the opposite party usually carried the election.

In 1855, Dr. Treganowan was married to Con-

stance Gordon, daughter of Judge Thomas F. Gordon, deceased, and a granddaughter of Count Reseau, once an eminent physician of Philadelphia, who fled to America about the year 1782, during the revolution in France. Mrs. Treganowan died seventeen years ago last Monday.

In 1897 he took for his second wife Miss Mary Stryker, of Princeton, N. J., who survives him. He is also survived by three daughters, two of whom are married, and the third, Miss Constance Treganowan, made her home with the doctor.

At a meeting of the Middlesex County Medical Society, held at South Amboy March 13, 1913, the following minute was unanimously adopted:

"This Society has heard with profound sorrow of the death of its oldest member—Dr. Ambrose Treganowan, of South Amboy—and enters on its minutes its members' unanimous expression of their deep sense of loss as well as their great esteem for him as a physician of decided ability; a man of honor and integrity and a public-spirited citizen who served his country faithfully during the Civil War and his community in official positions.

"Dr. Treganowan became a member of this Society in 1861 and was during all that period, of more than half a century, one of the most regular attendants and faithful members our Society every had; he ever manifested the kindliest feelings toward its members, exhibiting the ethical spirit toward them, while opposing all shams and irregularities in the practice of medicine and the exploiting of nostrums. He contributed much in the discussion of scientific subjects and in the presentation of clinical cases and added much to the enjoyment of the social functions of the Society. While we shall miss him greatly from our meetings, we shall ever cherish the memories of his life and character and of our association with him in the work of this Society.

"Resolved, That this minute be entered in full on our records and that a copy thereof be sent to the family of our deceased brother with the assurance of our profound sympathy in this season of their deep sorrow."

INGLING.—At Freehold, N. J., March 13, 1913, Mrs. Anna G. Ingling, wife of Dr. Harvey W. Ingling.

VAN DYKE.—At Cranbury, N. J., March 7, 1913, Mrs. Grace B. Van Dyke, wife of Dr. Benjamin S. Van Dyke.

Personal Notes.

Dr. William H. Areson, Montclair, is chairman of the Commonwealth Club's baseball field committee.

Dr. W. Homer Axford, Bayonne, has been appointed Adjunct Professor in the New York Polyclinic Medical School and Hospital, in the X-ray and electro-therapeutic department.

Dr. James S. Brown, Montclair, and wife returned home last month from a month's sojourn at Pinehurst, N. C.

Dr. Lewis S. Burd, Ogdensburg, returned last month from a visit to Illinois and Otisville, N. Y.

Dr. Eustace C. Butler, Caldwell, recently addressed the Caldwell Boy Scouts on "First Aid," in the Presbyterian Church.

Dr. Abraham E. Carpenter, Boonton, was elected last month president of the Boonton Branch of the Boy Scouts of America.

Dr. Ralph C. Charlesworth, Millville, was recently elected president of the Millville Progressive League.

Dr. Frank M. Donohue, New Brunswick, has been reappointed by the Governor a member of the Board of Managers of the State Home for Boys at Jamesburg.

Dr. Lucius F. Donohue, Bayonne, has returned from a brief spring vacation trip.

Dr. Arthur H. Dundon, Plainfield, has been appointed by Judge Parker a member of the Somerset County Mosquito Commission.

Dr. James S. Green, Elizabeth, and Dr. Fred W. Sell, Rahway, have been reappointed members of the Union County Mosquito Extermination Commission for a three years' term.

Dr. Ralph H. Hunt, East Orange, was re-elected last month president of the Essex County Mosquito Commission.

Drs. Theophilus W. Madden and Walter R. Elliott, Collingswood, were elected medical inspectors recently by the local Board of Education.

Dr. John L. MacDowall, Perth Amboy, recently returned from a four-week trip to Panama and Cuba.

Dr. Harrison S. Martland, Newark, pathologist at the City Hall, has been favorably reported upon for an increase of $1,000 salary, and as head of the clinic under the jurisdiction of the Social Ethics Committee.

Dr. Josiah Meigh, Bernardsville, has been reappointed health officer by the Township Committee.

Dr. Archibald Mercer, Newark, and wife recently returned from their trip to Bermuda.

Dr. Victor Mravlag, Elizabeth, Mayor of that city, spent a few days last month at Old Point Comfort, Virginia.

Dr. Katharine Porter, Orange, addressed a meeting of mothers in the Hazel Avenue School, recently, on "Sex Hygiene."

Dr. Norman H. Probasco, Plainfield, was last month elected a deacon of the First Baptist Church of that city. He recently gave an address on "Tuberculosis" to the employees of the Loizeaux Lumber Company.

Dr. Leon T. Salmon, Lambertville, was elected last month vice-president of the local Board of Health.

Dr. William G. Schauffler, Lakewood, was reelected last month president of the State Board of Education.

Dr. David St. John, Hackensack, spent a few days at Albany, N. Y., last month.

Dr. William J. Wolfe, Chatham, was elected last month a deacon of the Ogden Memorial Presbyterian Church.

Dr. John H. Winslow, Vineland, is to be congratulated on the arrival of a son, born March 27, 1913.

Dr. Frank C. Ard, of Plainfield, was elected last month president of the Union County Mosquito Extermination Commission.

Dr. Edward A. Ayres, Branchville, addressed the Pomona Grange No. 2 of Sussex County last month on the healthfulness of farm life under proper conditions.

Dr Edward B. Beach, West Long Branch, who was president of the City Council, on the recent death of Mayor Van Note, became Mayor of that city.

Dr. James S. Brown, Montclair, has been elected president of the staff of the Mountainside Hospital in place of Dr. R. P. Francis, deceased. He has been for many years its surgeon-in-chief.

Dr. William A. Davis, Camden, and wife spent several days at the seashore last month.

Dr. E. Moore Fisher, Greystone Park, senior assistant physician of the State Hospital, Morris Plains, has recently been appointed clinical assistant in neurology and psychiatry under Dr. Hammond at the New York Post-Graduate Medical School and Hospital.

Dr. Frank Vreeland, Maywood, entertained several physicians of Bergen County at his spacious home on April 16th.

Dr. George E. Galloway, Rahway, spent a few days last month at Norfolk and Old Point Comfort, Virginia.

Dr. B. Van Doren Hedges, Plainfield, recently spent several days at the Virginia Hot Springs.

Dr. Edward J. Ill, Newark, and Dr. Britton D. Evans, Greystone Park, have been appointed members of the Public Health Committee of the New Jersey State Chamber of Commerce.

Dr. William H. Lawrence, Jr., Summit, has been appointed a member of the Union County Mosquito Extermination Commission.

Dr. William Martin, Atlantic City, was noticed in our April Journal as having a paper on "Neuritis" in the Therapeutic Notes. It should have been in the Therapeutic Gazette.

Dr. Walter B. Mount, Montclair, sailed for Germany April 16 to join his wife and daughter who have been spending several months abroad. He expects to return about May 13th.

Dr. Charles H. Scribner, Paterson, and wife spent a few days last month in their cottage at Culver's Lake.

Dr. Martin W. Redden, Trenton, addressed the Mercer County Anti-Tuberculosis League, April 17, on "How to Prevent Tuberculosis."

Dr. George E. Titus, Hightstown, attended the triennial banquet of the Metropolitan Life Insurance Company in New York last month.

Dr. Henry A. Towle, Newark, and wife celebrated their twenty-fifth wedding anniversary, entertaining a large party at dinner, on April 18th.

Dr. Norton L. Wilson, Elizabeth, enjoyed a few days of rest last month.

Dr. Edwin Field, Red Bank, was elected vice-president of the Monmouth Chapter of the Sons of the American Revolution which was organized April 23rd.

Dr. Theodore W. Corwin, Newark, has moved his office from 20 Central avenue to 671 Broad street, Wiss Building.

Dr. George H. Franklin, Hightstown, is making extensive improvements in his place.

Dr. Fred. S. Hallett, Hackensack, has a communication in the Evening Record of that city endorsing the work of the visiting nurse of the local Board of Health.

Dr. C. R. O'Crowley, Newark, has received an appointment on the editorial staff of the Genits-Urinary, Dept. of Surgery, Gynecology and Obstetrics. He attended the convention of the American Urological Society in Boston in April.

Dr. Elbert S. Sherman, Newark, has removed his office from Central avenue to 671 Broad street.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Connecticut, March	22	16	6
Illinois, September	154	112	42
Kansas, October	12	11	1
Montana, April	27	22	5
New Mexico, January*	....	11	....
Ohio, December	20	16	4
Ohio, October*	....	20	....
Rhode Island, April	5	5	0

*Licensed through reciprocity.

Postgraduate Study Abroad.

Many physicians are asking from week to week for information regarding graduate study in the various medical centers of Europe. We discussed this subject at length April 8, 1911, in an article which has been of service to an immense number of physicians. During the subsequent period we have occasionally added information on the subject, and we now gather all this material in a new article. The portions referring to the various cities abroad have been prepared by The Journal's representatives in those cities. * * * We reprint it in full in pamphlet form, a copy of which will be sent to any one on receipt of 10 cents. We caution our readers that the space here devoted to the subject does not indicate that the opportunities for study abroad are always or even generally superior to those in this country. In gynecology and general surgery, for instance, we believe that the advantages afforded by American clinics are far less expensive than those abroad and more valuable as well. That, however, is another story. The present article is to aid those who have decided to go abroad.

Although some foreign teachers speak English fluently and even conduct classes in that language, it is not, as a rule, well to go to Vienna, Berlin, Dusseldorf or any other German-speaking center without a serviceable knowledge of German or to Paris without an equally good knowledge of French. It is likewise important that before setting out the physician should have a clear idea of what he wishes to obtain and where he should go for it. As we have remarked before, unless he seeks merely the prestige of having studied abroad, what he brings back from foreign study is in direct proportion to what he took abroad with him.

Information in regard to the opportunities for postgraduate study in varoius parts of the world may be obtained from the Medical Inquiry Office at the Kaiserin Friedrich-Haus, Berlin NW 6, Luisenplatz 2-4. Further information is easily obtained after a physician arrives at his destination, as there are information bureaus in the different cities. A list of members of the Continental Anglo-American Medical Society may be obtained from the honorary secretary and treasurer, Dr. Robert Turner, 42 Rue de Villejust, Paris. This society was organized to serve as a bond of union between British and American practitioners established on the Continent and in Northern Africa, and will afford an opportunity to meet English-speaking confreres. A reference book and guide which physicians intending to go abroad, particularly to Germany, will find useful to consult is J. H. Honan's "Handbook to Medical

Europe," published by P. Blakiston's Son & Co., price $1.50.

Some of the smaller university cities abroad offer excellent opportunities for laboratory work, but for clinical instruction, which is what the American physician going abroad for postgraduate work usually desires, the best opportunities are found in the larger medical centers, and Vienna, Munich, Berlin, Paris and London are the cities usually selected. Vienna in particular has long provided exceptionally well-arranged facilities for brief postgraduate courses, some in English, and many arranged with special reference to the needs of American visitors.—A. M. A. Journal, April 12, 1913.

Public Health Items.

Contagious Diseases in Bayonne Schools.

Dr. Frederick M. Corwin, medical inspector reported in March, 181 pupils excluded from the schools because of contagious diseases and that in all there were 450 absentees because of sickness.

Newark Anti-Tuberculosis Death Rate.

Under the annual report of the Newark Anti-Tuberculosis Association, read at its meeting recently in the Free Public Library, a decline of 1.89 per cent. in the death rate there from tuberculosis was shown for 1912.

Camden Health Board.

Dr. J. F. Leavett, Health Inspector, reported April 21, 461 cases of contagious diseases during the month, or 179 less than the previous month. He also reported having arranged for free Pasteur treatment of two victims of rabid dog bites, the parents being unable to bear the expense, which is $35 in each case. Dr. W. H. Iszard, Food and Drug Inspector, reported having made nearly 400 inspections of meat, provision, milk etc., and confiscating several cases of eggs found to be defective.

Health Conditions in County Jail.

Dr. A. C. Hunt, State Board of Health Inspector, has recently made a second inspection of the Middlesex County jail. He reported that since the first inspection several months ago the female apartments have been improved, but that the department for male prisoners has not a redeeming feature for its continuance, and persons kept there must be adversely affected physically, if not morally. In view of this report, Dr. Hunt said. the county must take some action. He will send statistics as to what has been done in other counties.

State's Health Needs.

Dr. Richard C. Newton, a member of the State Board of Health, at a meeting of the Health Officers' Association, last month discussed the bill that was before the Legislature for a State Commissioner of Health. He declared that while the measure providing for a State Commissioner of Health was not entirely satisfactory in its present form, it was better than nothing, and a step in the right direction. It is a modification of Judge Lanning's bill, introduced in 1909 and advocated by the State Society, and it is similar to the measure passed in the State of New York recently. The bill provides for a State Commissioner at a salary of $6,000 per annum.

"A single head is necessary," said Dr. Newton in defense of the bill. "We can't get efficient men to work for the price we are now paying. We have three inspectors in this State to look after the dairies, which number 6,000 or 8,000."

Dr. Newton explained that the officers "do not and cannot devote their entire time to the work. We have to act on the reports of our inspectors and others without personal knowledge of conditions. We need more expert help and four times as much money to properly carry on this work, and safeguard the health of the people in this State."

The speaker contended that a "State Commissioner with adequate remuneration, who could devote his entire time to the work and be held accountable," was the only solution to the problem.

Our National Health—Unprotected.

Prof. J. L. Gillin, of the University of Iowa, recently said:

We have been so often told of the value of our grain products and of our cattle and hog products that we have failed to realize that the GREATEST ASSET in this country from the point of view of dollars and cents is OUR NATIONAL HEALTH.

The capital value of the eighty-five and a half million inhabitants of the United States in 1907 Professor Fisher of Yale estimates at least two hundred and fifty billion dollars.

Disease and death result in social waste. It is waste largely because it is largely preventable. Forty-two per cent. of the one and one-half million deaths in the United States every year could be PREVENTED OR POSTPONED.

One-third of the three million who are sick in the United States every year are in the working period of life. Most of these diseases are preventable.

Protest Against Reporting Venereal Diseases.

At the annual meeting of the Medical Association of the Greater City of New York, held January 20, the following resolutions, presented by Dr. William S. Gottheil, were adopted:

"Resolved, That the recent official request of the New York Board of Health for all physicians to report promptly to them all cases of syphilis, gonorrheal infection, and chancroid, together with the source of infection, if attainable, is an undesirable and useless invasion of the most confidential relationship between physician and patient. The mere compilation of statistics in venereal diseases has no value, and the attempt to make it is a direct incentive to falsification and disobedience to the law. The measure is of value only as a step toward the relegation of the care of this class of cases to the Board of Health, and the ultimate effect will be to promote self-medication and quackery.

"Resolved, That a committee be appointed to arrange suitable action in regard to this matter, and report at the next meeting of the Association."

This committee, through its chairman, Dr. Robert E. Coughlin, reported as follows: "The special committee recommends that the secretary of the Medical Association of the Greater City of New York be instructed to send copies of the res-

olutions of condemnation relating to the reporting of venereal diseases to his Honor the Mayor of New York and to the President of the Department of Health." On motion, the report of the committee was unanimously accepted.

Decline in the Manilla, P. I., Death Rate.

During the month of January there was a marked decline in the Manila death rate. For the same month of 1912, there were 698 deaths, whereas, for January, 1913, there were only 502 deaths, which is a reduction of 196. This is by far the lowest mortality record that has been made in Manila since American occupation. There is considerable reason to believe that the many sanitary improvements which have been brought about since American occupation are now beginning to produce results. The new water supply, which furnishes Manila water from an uninhabited water-shed; the sanitary sewers, the prompt isolation of dangerous communicable diseases, clean streets, and effective disposal of garbage and refuse, control of mosquitoes, and the sixty thousand cases per annum that are furnished relief at the Philippine General Hospital, are all, probably, important factors in improving the public health.—Philippine Letter in Medical Record.

Status To-day of the World Plagues.

The United States, through its Public Health Service, operating to a large extent through the consular service, keeps us in close touch with new outbreaks of cholera, bubonic plague, yellow fever, etc. These details, however, give us no perspective, and we remain in ignorance of the general movement of these maladies over extended periods of time.

It is therefore of interest to read what was said before a recent meeting of the Aerztliche Verein of Munich on the last named aspect of epidemiology (Munchener medizinische Wochenschrift, March 10) by G. Mayer. The latter gave in brief outline the movement of the great epidemic scourges from 1900 to 1912. Leprosy, prevailing freely in the tropics and subtropics, tends to appear in Italy, France (west coast) and the Riviera. Cholera has moved from India across the Persian Gulf to Mesopotamia, Syria, the Capsian Sea, Persia, the villages of the Volga, Don, Dniper and Dniester rivers. It progresses in Russian Poland, but has become arrested at the Russo-German and Russo-Austrian boundaries. In 1911 Russia was visited with especial severity from Mesopotamia and Syria, as were also Italy, Turkey, and the Balkan States, and Hungary. The Italian vessels bore cholera to Tripoli and to many other Mediterranean ports.

During the same period the bubonic plague moved from India and China to East Australia, East Africa, South American ports, California. In 1911–12 it extended to North Africa, East Arabia, the Azore Islands, and notably into Brazil.

Typhus, almost confined to Russia and Mexico, has come to light in Spain, while yellow fever prevails in America from Mexico south, along certain routes (West Indies, South American coasts). It has been transported in some degree to North and East Africa. At last accounts it was strongest in Mexico, the West Indies and Chili. (Medical Record, April 12.)

May we so live, we dread not here to die. So die we dread not afterward to live.—Philip James Bailey.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, March, 1913.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending March 10, 1913, was 3,392. By age periods there were 534 deaths among infants under one year, 247 deaths of children over one year and under five year, and 1,186 deaths of persons aged sixty years and over.

The total number of deaths for the month is 252 less than the preceding month and special attention is called to the fact that only seven deaths occurred in the State from typhoid fever, the lowest number for any one month of which this department has record.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending March 10, 1913, compared with the average for the previous twelve months, the averages being given in parenthesis:

Typhoid fever, 7 (27); measles, 20 (24); scarlet fever, 24 (14); whooping cough, 18 (18); diphtheria, 52 (41); malarial fever, 0 (2); tuberculosis of lungs, 331 (311); tuberculosis of other organs, 52 (44); cancer, 169 (166); diseases of nervous system, 370 (353); diseases of circulatory system, 524 (410); diseases of respiratory system, (pneumonia and tuberculosis excepted), 305 (197); pneumonia, 418 (233); infantile diarrhoea, 51 (198); diseases of digestive system, (infantile diarrhoea excepted), 157, (187); Bright's disease, 247, (240); suicide, 30 (34); all other diseases or causes of death, 617 (624); total, 3,392 (3,123).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis, examined: Specimens examined from suspected cases of diphtheria, 455; tuberculosis, 634; typhoid fever, 225; malaria, 23; miscellaneous specimens, 91; total, 1,428.

Division of Food and Drugs.

During the month ending March 31, 1913, 543 samples of food and drugs were examined in the State Laboratory of Hygiene, with the following results: The following articles were found to be below standard: 16 of the 326 of milk; 3 of the 52 of butter; 16 of the 39 of vinegar; 7 of the 17 of hair tonic; 5 of the 6 of Jamaica ginger; 11 of the 19 of tincture iodine; all 8 of witch hazel; 2 of the 3 of bay rum; 2 of the 3 of toilet cream; all 3 of castor oil pills; 1 of the 2 of essence of peppermint; 1 of the three of vanilla extracts; and the one each of honey, pork, liniment, sweet oil.

All the samples of cream, cheese, cocoa, cordials, lemon extract, maple syrup, molasses, oleomargarine, olive oil, lemonade and orangeade, sugar, sausage, gasoline, shampoo, and toilet water, were found to be above standard.

Ten suits were begun against parties whose articles were found to be below standard. 7 samples of oysters collected from various markets were examined; 10 samples of oysters col-

lected from various oyster beds were examined; 1 sample of hard clams collected from clam beds were examined; 1 sample of soft claims collected from clam beds were examined.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 415 dairy inspections were made as follows. The following columns give the number of dairies inspected and the numbers found to be above 60 per cent. and below 60 per cent. of the perfect mark:

County.	Number Inspected.	Above 60%	Below 60%
Bergen	1	0	1
Burlington	32	24	8
Essex	5	3	2
Gloucester	10	3	7
Hunterdon	127	99	27
Mercer	52	31	16
Middlesex	5	3	2
Monmouth	3	0	3
Morris	1	1	0
Passaic	2	1	1
Salem	97	35	62
Somerset	6	5	1
Warren	45	29	14
Bucks, Pa.	29	12	11
Totals	415	246	155

The following were stopped from producing milk for sale: Hunterdon County, 1; Mercer, 5; Warren, 2; Bucks, Pa., 6; total, 14.

Number of dairies; initial inspection..... 123
Number of dairies; reinspection..... 292
Number of milk depots inspected..... 3
Dairies from which the sale of milk was prohibited 7
Dairies given a time limit to improve sanitary conditions on their premises..... 3

Inspections were made at the request of the following local boards of health: Asbury Park, Atlantic City, Belleville, Burlington, East Orange, Paterson, Perth Amboy, Princeton, Ridgewood, South Orange, Trenton and Woodbury.

CREAMERIES INSPECTED.

Bloomsbury, Clinton township, Everittstown, Fairfield, Hoboken, Jutland, Newark, Pattenburg, Sharptown, Sunnyside, West Portal, Woodstown. Total, 12. Number of creamery licenses recommended, 4.

ICE CREAM FACTORIES INSPECTED.

Bayonne 8, Bloomfield, Elizabeth 14, Guttenburg, Hackensack 7, Jersey City 8, Montclair 5, Newark, Newton 5, Orange 7, Paterson, Phillipsburg 4, Princeton, Ridgewood 4, Union Hill 12. Total, 79. Ice cream factory licenses recommended, 2.

During the month ending March 31, 1913, 127 inspections were made, 62 cities and towns. The largest number in the following cities: Newark, 14; Camden, 10; Jersey City, 10; Trenton, 6; Hackensack, 5; New Brunswick and Paterson, each 4; Cranbury, Highlands, Keyport, Red Bank and Salem, each 3.

During the month the following articles were inspected, but no samples were taken: Milk, 519; cream, 25; food, 756; drugs, 275; butter, 370.

Other inspections were made as follows: Milk cans 160, milk wagons 213, milk depots 22, grocery stores 201, drug stores 22, confectionery stores 1, slaughter-houses 29, meat markets 14, cold storage warehouses 22, bakeries 3, egg breaking establishments 2, butter and egg stores 4, oleomargarine investigations 4, creameries 3, wholesale grocery houses 2, oyster markets 6, clam houses 26, clam kitchens 6.

Meat Inspections: Veal, 2 hind saddles; hogs, 11 carcasses; beef, 22 hind quarters, 6 fore quarters.

Division of Foods, Drugs, Sewerage and Water

Total number of samples analyzed in the Water Laboratory, 223; public water supplies, 97; special public water supplies, 87; State institution water supplies, 4; private water supplies, 12, bottled water supplies, 9; dairy water supplies, 2; sewage samples, 11; miscellaneous samples, 1.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, Atlantic City, Elizabeth, Elmer, Helmetta, Jamesburg (State Home for Boys), Merchantville, Millville, Mount Holly 2, Newark, New Brunswick, New Milford, Point Pleasant, Rahway 2, Raritan Roebling 3, South Orange, Woodbury. Watershed inspectins on the Blackwood Watershed, Jersey City Watershed.

Proposed bottled water supplies inspected at Ewing Township, Lawrence Township 2, Morristown, New Brunswick.

Sewage disposal plants and sewerage systems inspected at Allenhurst, Asbury Park, Belmar, Bordentown, Carlstadt, Carlton Hill, Chatham-Madison, East Rurtherford 2, Freehold, Hammonton, Lakewood, Little Falls, Merchantville, Moorestown, Neptune Township, Ocean Grove, Palmyra (Private Plant) 3, Princeton, Skillman (State Village for Epileptics), Tuckerton, Ventnor City 4, Westfield, Woodlynne.

Stream inspections on the Delaware River and tributaries, Raritan River and tributary, Rockaway River and tributaries.

Number of stream pollutions reported.... 124
Reinspections of stream pollutions made.. 18
Stream pollutions found abated..... 10
Notices to cease pollution issued..... 132
Cases referred to the Attorney General.... 1
Plans for sewage disposal plants, sewerage systems and extensions approved 14
Plans for water supply systems approved.. 1
Bottled water supplies approved..... 2
Bottled water supplies disapproved..... 1

NEW AND NON-OFFICIAL REMEDIES.

Since March 1, the following articles have been accepted for inclusion with New and Non-official Remedies from the Sophian-Hall-Alexander Biologic Laboratories:

Anti-Meningitis Serum; B. Coli-Communis Vaccin, Polyvalent; Diphtheria Antitoxin; Gonococcus Vaccin, Polyvalent; Meningococcus Vaccin, Polyvalent; Pneumococcus Vaccin, Polyvalent; Pyocyaneus Vaccin, Polyvalent; Staphylo-Acne Vaccin, Polyvalent; Straphylococcus Vaccin, Polyvalent; Streptococcus Vaccin, Polyvalent; Typhoid Vaccin, Polyvalent; Anti-Gonococcic Serum; Anti-Streptococcic Serum; Normal Horse Serum.

Since publication of New and Non-official Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-official Remedies":

From G. H. Sherman, Detroit, Michigan:

Meningococcus Vaccine contains in each Cc. about 1,000 million killed meningococci.

Staphylococcus Pyogenes Aureus Vaccine is marketed in two strengths: 1. Containing in each Cc. about 300 million Staphylococcus pyogenes aureaus. 2. Containing in each Cc. about 600 million Staphylococcus pyogenes aureus.

Staphylococcus Pyogenes Albus and Aureus Vaccine contains in one Cc. Staphylococcus pyogenes albus and aureus each 600 million. G. H. Sherman, Detroit, Mich.

Pneumococcus Vaccine is marketed in two forms: 1. Each Cc. contains about 40 million killed pneumococci. 2. Each Cc. contains about 100 million killed pneumococci.

These are reported in the Jour. A. M. A., March 1, 1913, p. 665.

Facetious Items.

"I belave," declared the Irishman, "thot me youngest son's born t' be a surgeon."

"Phat leads ye t' say thot?" asked his friend.

"Oi 'caught him usin' th' scissors on a book Oi'd lately bought an' before Oi c'd stop him he cut out th' appendix."—Bohemian.

The Doctor's Psalm of Life.

What the Heart of the Old Practitioner Said to the Young Doctor.

From the Illinois Medical Journal.

Tell me not, in mournful numbers,
Practice of medicine is a dream;
That the doctor always slumbers,
And things are easy as they seem.

Practice is real! Practice is earnest!
Charity, really, is not its goal;
For the doctor often finds it
Hard to earn his winter's coal.

With hours long, no duty shirking,
And with heart both stout and brave,
Night and day he keeps on working
To hold some mortal from the grave.

In the world's broad field of battle
He has learned what 'tis to trust;
Found most people worse than cattle;
Never paying till they must.

Trust no patient, howe'er pleasant,
Sing! O sing this little song;
PAY! PAY in the living Present,
Divy up as we go long.

Great collectors all remind us
We can make our lives more bright,
And, departing, leave behind us
Gold for which our heirs will fight.

Let us then be up and doing,
This one thing to recollect;
The good old dollar still pursuing,
LEARN TO LABOR AND COLLECT.

(With apologies to H. W. Longfellow.)
Bacillus Poeticus. A. G Bosler.

The Devil and the Lawyers.

The Devil came up to the earth one day,
And into a Court House he wended his way,
Just as an attorney, with very grave face,
Was proceeding to argue the "points in the case."

Now, a lawyer his Majesty never had seen,
For to his dominion none had ever been,
And he felt very anxious the reason to know,
Why none had been sent to the regions below.

'Twas the fault of his agents, his Majesty thought,
That none of these lawyers had ever been caught,
And for his own pleasure he felt a desire
To come to the earth and the reason inquire.

Well, the lawyer, who rose with visage so grave,
Made out his opponent a consummate knave,
And the devil was really greatly amused
To hear the attorney so grossly abused.

But soon as the speaker had come to a close
The counsel opposing him fiercely arose,
And he heaped such abuse on the head of the first,
That made him a villain, of all men the worst.

Thus they quarreled, contended and argued so long,
'Twas hard to determine which of them was wrong;
And, concluding he'd heard quite enough of the "fuss,"
Old Nick turned away and soliloquized thus:

"If all they have said of each other is true,
The Devil has surely been robbed of his due;
But I'm satisfied now it's all very well—
For these villians would ruin the morals of hell.

They have puzzled the court with their villainous cavil,
And I'm free to confess they have puzzled the Devil;
My agents are right to let lawyers alone—
If I had them they'd swindle me out of my throne!"

(The following poem appeared about fifty years ago in a newspaper, the name of which we do not know, nor do we know whether opinions have changed materially within the half century.—Editor.)

PEARSON HOME
For the Treatment of Drug Addictions
Avoidance of shock and suffering enables us to treat safely and successfully those extreme cases of morphinism that from long continued heavy doses are in poor physical condition.
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